



How would you best describe your primary position with the university?

- Administrator (examples: dean, assistant dean, chair, director, assistant director, etc.)
  - Faculty (primary duty is teaching classroom curriculum)
  - Staff/ Support Staff (primary duties other than teaching classroom curriculum)
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In this section, please indicate the building in which you are primarily located.

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If you selected the option "Other" in the previous question, please indicate the facility in the

## Custodial Services

Please read each statement then select the appropriate response based on your personal perceptions of the quality of **Custodial Services**.

	Please select your response.				Enter response in space provided.	
	Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific location or building you are referring to (building name, room number, etc.).	If applicable, please indicate the specific issue you are referring to.
Campus interiors including restrooms are kept clean.						
Campus interiors including restrooms are adequately sanitized and disinfected.						
Restroom supplies are well stocked.						

Carpets and



## Grounds and Landscaping

Please read each statement then select the appropriate response based on your personal perceptions of the quality of **Grounds and Landscaping**.

	Please select your response.				Enter response in space provided.	
	Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific location or street you are referring to (street name, parking lot, etc.).	If applicable, please indicate the specific issue you are referring to.
Campus grounds are well maintained (lawn, trees, plant beds, etc.)						
Parking lots are well maintained (clean, damage-free, etc.)						

Roadways on campus are well maintained.

Please enter any additional comments you may have related to **Grounds and Landscaping**.

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## Transportation Services

Have you utilized University Transportation Services within the past 12 months?

Yes

No

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Please read each statement then select the appropriate response based on your personal perceptions of the quality of **Transportation Services**.

	Please select your response.				Enter response in space provided.	
	Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific vehicle or service you are referring to (street name, parking lot, etc.).	If applicable, please indicate the specific issue you are referring to.

On a scale from 0-10, how do you rate the overall quality of **transportation services**?

Best \_\_\_\_\_ Excellent

3 4 5 6 7 8 9 10 0 1 2

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Please enter any additional comments you may have related to Transportation Services.

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## Quality of University Facilities

Please read each statement then select the appropriate response based on your personal perceptions of the quality of **University facilities overall**.

	Please select your response.				Enter response in space provided.	
	Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific location or building you are referring to (building name, room number, etc.).	If applicable, please indicate the specific issue you are referring to.
You are satisfied <b>overall</b> with university facilities.						
You feel that university facilities are <b>safe</b> and <b>secure</b> in every respect (including occupational health and safety).						
You feel that university <b>interiors are easily accessible</b> .						
You feel that university facilities are <b>comfortable</b> in every respect (impact on your quality of work and life).						
You feel that university facilities are <b>esthetically appealing</b> in every respect (colors, cleanliness, etc.).						

You feel that the university provides a **thoroughly suitable environment.**

Please evaluate the **classrooms** in the building in which you utilize.

	Please select your response.	Enter response in space provided.
	Strongly Disagree    Disagree    Agree    Strongly Agree	If applicable, please indicate the specific location or building you are referring to

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Please enter any additional comments you may have in regards to university **classrooms.**

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How easy is it for you to schedule your class in a room fitted for lecture capture?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

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Do you anticipate continuing to use lecture capture in fall 2021 / spring 2022 and beyond?

- Yes
- No

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What other interactive classroom technology would you use regularly if it were available?

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In this section, please indicate the building in which your research lab is located.

Please evaluate the **research labs** in the building in which you primarily utilize.

	Please select your response.				Enter response in space provided.	
	Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific location or building you are referring to (building name, room number, etc.).	If applicable, please indicate the specific issue you are referring to.
Accessibility						
Acoustics						
Air handling (positive/negative pressure)						
Autoclaves						
Bench space						

Please enter any additional comments you may have in regards to **research labs**.

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In this section, please indicate the building in which your student lab is located.

Please evaluate the **student labs** in the building in which you primarily utilize.

	Please select your response.	Enter response in space provided.
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Flexibility of seating arrangements						
Fume hoods						
Gas						
Indoor air quality						
Layout for facilitating student-faculty interaction						

Please evaluate the quality of **office space** in the building in which you primarily work.

	Please select your response.	Enter response in space provided.
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Strongly  
Disagree    Disagree    Agree



## Contact

Would you like to be contacted by someone in Facilities Management to discuss any issues reported in this survey?

- Yes (you will be redirected to a complete contact form)
- No