How would you best describe your primary position with the university?
O Administrator (examples: dean, assistant dean, chair, director, assistant director, etc.)
Faculty (primary duty is teaching classroom curriculum)
O Staff/ Support Staff (primary duties other than teaching classroom curriculum)
In this section, please indicate the building in which you are primarily located.

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**.

	Ple	ease select y	our respon	ise.	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.							

Carnets 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**.

	Ple	ease select y	our respor	ise.	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 yo	u may have	related to Gr	ounds and La	andscaping.
· 						

Transportation Services

Have you utili	zed Univer	sity Transp	ortation S	Services wit	hin the past 12 months	?
O Yes						
O No						
Please read e perceptions o					response based on yo	ur personal
	Ple	ease select y	our respor	nse.	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.

D	-									Fuellest
3	4_	5	6	7	8	۹	10	<u>n</u>	1	. 2
Please 6	enter an	y additio	nal comm	nents you	ı may ha	ve relate	ed to Trans	sportatior	n Servic	es.

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

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 overall with university facilities.								
You feel that university facilities are safe and secure in every respect (including occupational health and safety).								
You feel that university interiors are easily accessible.								
You feel that university facilities are comfortable in every respect (impact on your quality of work and life).								
You feel that university facilities are esthetically appealing 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.

Ple	ease select y	our respor	nse.	Enter response in space provided.
Strongly Disagree	Disagree	Agree	Strongly Agree	If applicable, please indicate the specific location or building you are referring to

Please enter any additional comments you may have in regards to university classrooms.
How easy is it for you to schedule your class in a room fitted for lecture capture?
O Very easy
O Somewhat easy
O Neither easy nor difficult
O Somewhat difficult
O Very difficult
Do you anticipate continuing to use lecture capture in fall 2021 / spring 2022 and beyond?
O Yes
○ No
What other interactive classroom technology would you use regularly if it were available?
In this section, please indicate the building in which your research lab is located.

Please evaluate the <u>research labs</u> in the building in which you primarily utilize.

	Ple	ase select y	our respor	nse.	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								
Cold rooms (-80 degree freezers)								
Exterior noise								
Fume hoods								
Gas								
Indoor air quality								
Lighting								
Room temperature								

In this section,	please indicate the building in which your s	student lab is located.
Please evaluat	e the <u>student labs</u> in the building in which	you primarily utilize.

	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	our response.	Enter response in space provided.		
Strongly Disagree Disagree	Agree			

Contact

Would you like to be contacted by someone in Facilities Management to discuss any issues reported in this survey?
O Yes (you will be redirected to a complete contact form)
○ No