

UNIVERSITY ARCHITECT'S OFFICE
326 East Hoover, Mail Stop E
Ann Arbor, MI 48109-1002
Phone: 734-764-2456
Fax: 734-763-3238

Dear Employee:

Architecture, Engineering, and Construction (AEC) would like to solicit your advice and feedback *on <Insert Building # and Name, insert project name and number>*. We appreciate that you are willing to take the time to participate in this survey.

AEC is responsible for the design and construction of U-M's new buildings as well as renovations. First and foremost, your response will help us fine-tune this building to be sure we are providing pleasant and productive workplaces for the employees and the public. Additionally, AEC will use your response to guide the design and construction of future projects.

Instructions:

Please complete the survey below. If you would like to provide more information or an opinion on any specific issue, you may provide comments in the box at the end of the survey.

All responses will be kept strictly confidential.

If you need any assistance in completing this form or need the survey supplied in a different format, please contact aec.sustainability.team@umich.edu.

Thank you for your time and assistance.

AEC Sustainability Team

Architecture, Engineering & Construction (AEC)

Background

Date:

Time:

Room Number:

For which department do you work?

Which floor is your primary workspace located?

Which area of the building is your primary workspace located (north, east, south, west, core):

Equipment:

Is there equipment located within or near your workspace that may be adding or taking away from comfort?
(Fax machines, fans, copiers, additional lighting, space heater, etc.)

Please indicate type of equipment and quantity: _____

Occupant Activity Level

- Reclining
- Reading Seated, Keyboarding or other light physical activity
- Standing, Relaxed
- Light Activity, Standing
- Medium Activity, Standing
- High Activity

Personal Workspace

Which of the following best describes your primary personal workspace?

(Check one)

In addition to your primary personal workspace, if your job involves spending a significant amount of time in a **secondary location** please indicate such by marking a **2** next to your secondary workspace.

Office spaces:

- Private office with floor to ceiling walls and a door
- Shared office (with other people) with floor to ceiling walls
- Open area with cubicles
- Other, please specify: _____

Non-Office Spaces:

- Service desk
- Laboratory
- Multi-purpose space
- Other, please specify: _____

Comfort at your Primary Personal Workspace

How satisfied are you with the following aspects of air quality / thermal comfort:

	Very Satisfied	Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	Very Dissatisfied
a) Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Air movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Radiant Temperature (Floor, wall, etc. surface temp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated any *dissatisfaction* with the air quality / thermal comfort in your workspace, which of the following contribute to your dissatisfaction?

(check all that apply)

- Air is stuffy / stale
- Air seems dirty
- Air has odor
- Insufficient air flow
- Too much air flow
- Noisy air flow
- Air is too cold in summer
- Air is too hot in winter
- Other, please specify: _____

In general, how would you describe the thermal conditions of your workspace?

- Hot
- Warm
- Slightly warm
- Neutral
- Slightly cool
- Cool
- Cold

Additional Information

Please feel free to provide any additional comments or specific details related to the thermal comfort of your workspace or non-office public spaces within the building.

Contact Information (Optional)

Please provide contact information to better provide corrective action.

Name:

Email:

Office Telephone: