



Facilities Management Survey

Demographics

The University of South Alabama is interested in your feedback regarding the suitability of university facilities to support faculty and staff in work-related activities and student learning. This information will be used to inform facilities planning, prioritize campus needs, and make improvements. Please take a few minutes to complete this survey.

Responses to this survey are confidential.

In the past year, how often have you utilized University facilities?

- ☐ Very often (4 - 5 days per week)
 - ☐ Often (3 - 4 days per week)
 - ☐ Not often (1 - 2 days per week)
 - ☐ Not at all (0 days per week)
-

In the past year, how much of your time has been spent working remotely/off-campus?

- ☐ All of your time (100%)
 - ☐ Some of your time (<100%)
 - ☐ A little of your time ($\leq 50\%$)
 - ☐ None of your time at all (0%)
-

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)

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 space below

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 floors are well maintained.	☐	☐	☐	☐		
Waste collection occurs routinely.	☐	☐	☐	☐		
Custodial Services' response to your inquiries is timely.	☐	☐	☐	☐		

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

Poor Excellent

0 1 2 3 4 5 6 7 8 9 10

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

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.	☐	☐	☐	☐		
Directional signs are well maintained (visible, well placed, clean, etc.)	☐	☐	☐	☐		
Street signs are well maintained (visible, well placed, clean, etc.)	☐	☐	☐	☐		

On a scale from 0-10, how do you rate the overall quality of **grounds and landscaping**?

Poor

Excellent

0 1 2 3 4 5 6 7 8 9 10

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

Transportation Services

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

☐ Yes

☐ No

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.
Jag Tran schedule meets needs.	☐	☐	☐	☐		
Jag Tran routes cover all campus destinations.	☐	☐	☐	☐		
Jag Tran provides safe and secure locations to wait.	☐	☐	☐	☐		
Vehicles are easily accessible.	☐	☐	☐	☐		
Vehicles are reliable.	☐	☐	☐	☐		
Vehicles are well maintained.	☐	☐	☐	☐		

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

Poor

Excellent

0 1 2 3 4 5 6 7 8 9 10

Please enter any additional comments you may have related to 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 .	☐	☐	☐	☐		
You feel that university facilities meet the needs of the people they serve .	☐	☐	☐	☐		

Please enter any specific comments you may have in regards to university facilities.

Which of the following do you routinely utilize? (check all that apply):

- ☐ Classrooms
- ☐ Research Labs
- ☐ Student Labs
- ☐ Office Space

In this section, please indicate the building in which your classroom is located. If you teach in multiple buildings, please choose the building in which you primarily teach.

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 (building name, room number, etc.).	If applicable, please indicate the specific issue you are referring to.
Accessibility	☐	☐	☐	☐		
Acoustics	☐	☐	☐	☐		
Comfort of classroom furniture	☐	☐	☐	☐		
Design for collaborative activities	☐	☐	☐	☐		
Exterior noise	☐	☐	☐	☐		
Flexibility of seating arrangements	☐	☐	☐	☐		
Indoor air quality	☐	☐	☐	☐		
Layout for facilitating student-faculty interaction	☐	☐	☐	☐		
Lighting	☐	☐	☐	☐		
Room temperature	☐	☐	☐	☐		
Space for personal items	☐	☐	☐	☐		
Unobstructed classroom view	☐	☐	☐	☐		
Ventilation	☐	☐	☐	☐		
WiFi connectivity	☐	☐	☐	☐		
Overall condition	☐	☐	☐	☐		

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?

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

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

- ☐ 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 **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	☐	☐	☐	☐		
Cold rooms (-80 degree freezers)	☐	☐	☐	☐		
Exterior noise	☐	☐	☐	☐		
Fume hoods	☐	☐	☐	☐		
Gas	☐	☐	☐	☐		
Indoor air quality	☐	☐	☐	☐		
Lighting	☐	☐	☐	☐		
Room temperature	☐	☐	☐	☐		
Space for personal items	☐	☐	☐	☐		
Tissue culture hoods	☐	☐	☐	☐		
Vacuum	☐	☐	☐	☐		
Ventilation	☐	☐	☐	☐		
Overall condition	☐	☐	☐	☐		

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

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.	
	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	☐	☐	☐	☐		
Cold rooms (-80 degree freezers)	☐	☐	☐	☐		
Comfort of furniture	☐	☐	☐	☐		
Bench space	☐	☐	☐	☐		
Design for collaborative activities	☐	☐	☐	☐		
Exterior noise	☐	☐	☐	☐		

Flexibility of seating arrangements	☐	☐	☐	☐		
Fume hoods	☐	☐	☐	☐		
Gas	☐	☐	☐	☐		
Indoor air quality	☐	☐	☐	☐		
Layout for facilitating student-faculty interaction	☐	☐	☐	☐		
Lighting	☐	☐	☐	☐		
Room temperature	☐	☐	☐	☐		
Space for personal items	☐	☐	☐	☐		
Tissue culture hoods	☐	☐	☐	☐		
Unobstructed view in lab	☐	☐	☐	☐		
Vacuum	☐	☐	☐	☐		
Ventilation	☐	☐	☐	☐		
WiFi connectivity	☐	☐	☐	☐		
Overall condition	☐	☐	☐	☐		

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

In this section, please indicate the building in which your office space is located.

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

	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	☐	☐	☐	☐		
Comfort of furniture	☐	☐	☐	☐		
Exterior noise	☐	☐	☐	☐		
Indoor air quality	☐	☐	☐	☐		
Lighting	☐	☐	☐	☐		
Room temperature	☐	☐	☐	☐		
Space for personal items	☐	☐	☐	☐		
Ventilation	☐	☐	☐	☐		
WiFi connectivity	☐	☐	☐	☐		
Overall condition	☐	☐	☐	☐		

Please enter any additional comments you may have in regard to **office space**.

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