



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 (≤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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Campus interiors including restrooms are adequately sanitized and disinfected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Restroom supplies are well stocked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Carpets and floors are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Waste collection occurs routinely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Custodial Services' response to your inquiries is timely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Parking lots are well maintained (clean, damage-free, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Roadways on campus are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Directional signs are well maintained (visible, well placed, clean, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Street signs are well maintained (visible, well placed, clean, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Jag Tran routes cover all campus destinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Jag Tran provides safe and secure locations to wait.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vehicles are easily accessible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vehicles are reliable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vehicles are well maintained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
You feel that university facilities are safe and secure in every respect (including occupational health and safety).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
You feel that university interiors are easily accessible .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
You feel that university facilities are comfortable in every respect (impact on your quality of work and life).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
You feel that university facilities are esthetically appealing in every respect (colors, cleanliness, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Acoustics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Comfort of classroom furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Design for collaborative activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Exterior noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Flexibility of seating arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Indoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Layout for facilitating student-faculty interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Space for personal items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Unobstructed classroom view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
WiFi connectivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Overall condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Acoustics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Air handling (positive/negative pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Autoclaves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Bench space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Cold rooms (-80 degree freezers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Exterior noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fume hoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Indoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Space for personal items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tissue culture hoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vacuum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Overall condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Acoustics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Air handling (positive/negative pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Autoclaves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Cold rooms (-80 degree freezers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Comfort of furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Bench space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Design for collaborative activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Exterior noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Flexibility of seating arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Fume hoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Indoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Layout for facilitating student-faculty interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Space for personal items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Tissue culture hoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Unobstructed view in lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Vacuum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
WiFi connectivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Overall condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Acoustics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Comfort of furniture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Exterior noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Indoor air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Room temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Space for personal items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
WiFi connectivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Overall condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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