



* Required Information

Hello,

As a part of our ongoing efforts to hold ourselves accountable for stellar customer service, we are soliciting your feedback regarding campus conditions, your general satisfaction with our services, our work order process, and our performance.

Our goal is to provide high-quality space and deliver timely, quality, and costeffective services in order to maintain our campus as a great place to live, learn and work.

Your answers to these questions will be invaluable to help us improve our department's responses to your needs. On average, this survey should take 10-minutes to complete, yet your answers can make a world of difference as we endeavor to continuously improve.

Please click below to begin. Thank you for your help and for taking the time to share your thoughts and impressions.

Sincerely,

Andrew Christ

Senior VP for Real Estate Development & Capital Operations

New Jersey Institute of Technology

* 1. My position most closely matches: (Select one option)
O Dean/VP
O Academic Department Head
O Building Manager
O Administrative Support
O Staff
O Faculty
O Student
Other (Please specify)
NOTE: IF ANSWER TO Q1 is Dean/VP Go to Page No. 3 Academic Department Head Go to Page No. 3 Building Manager Go to Page No. 3 Administrative Support Go to Page No. 3 Staff Go to Page No. 3 Faculty Go to Page No. 3 Student Go to Page No. 5 Other (Please specify)Go to Page No. 3

* 2. Number of years at New Jersey Institute of Technology? (Select one option))
O 0-5	
O 6-10	
O 11-15 O 16-20	
O 20+	
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	aculty & Staff: Please indicate in which campus building you predominantly vork:
(9	Select one option)
000	Campbell Hall Campus Center Central Avenue Building Central King Building
000000	Chen Colton Hall Cullimore Hall Cypress Hall Eberhardt Hall Electrical and Computer
0	Engineering Center Facilities Services Building
0	Facilities Services Building Annex
0	Facilities Services Warehouse
0	Faculty Memorial Hall
0000	Fenster Hall Greek 1 Greek 2 Greek 3
0	Greek 4 Greek 5
0	Guttenburg Information Technology Center
00000	Honors College Jersey City Satellite Kupfrian Hall Laurel Hall Life Sciences and Engineering Center
0	Mechanical Engineering Center
0	Micro Electronics Building
0	Oak Hall Otto II Verk Center
0	Otto H. York Center for Environmental Engineering and Science
000	Redwood Hall Specht Building Student Mall and
000	Police Tiernan Hall VentureLink 105 VentureLink 211
0	Wellness & Events Center Weston Hall

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NOTE: IF ANSWER TO 03 is Campbell Hall Go to Page No. 9
Campus Center Go to Page No. 9
Central Avenue Building Go to Page No. 9 Central King Building Go to Page No. 9 Chen Go to Page No. 9
Colton Hall Go to Page No. 9 Cullimore Hall Go to Page No. 9 Cypress Hall Go to Page No. 9 Eberhardt Hall Go to Page No. 9
Electrical and Computer Engineering Center Go to Page No. 9
Facilities Services Building Go to Page No. 9
Facilities Services Building Annex Go to Page No. 9 Facilities Services Warehouse Go to Page No. 9 Faculty Memorial Hall Go to Page No. 9 Fenster Hall Go to Page No. 9 Greek 1 Go to Page No. 9 Greek 2 Go to Page No. 9 Greek 3 Go to Page No. 9 Greek 4 Go to Page No. 9 Greek 5 Go to Page No. 9 Guttenburg Information Technology Center Go to Page No. 9 Honors College Go to Page No. 9 Jersey City Satellite Go to Page No. 9 Kupfrian Hall Go to Page No. 9 Laurel Hall Go to Page No. 9 Life Sciences and Engineering Center Go to Page No. 9 Mechanical Engineering Center Go to Page No. 9 Micro Electronics Building Go to Page No. 9 Oak Hall Go to Page No. 9
Otto H. York Center for Environmental Engineering and Science Go to Page No. 9
Redwood Hall Go to Page No. 9
Specht Building Go to Page No. 9
Student Mall and Police Go to Page No. 9 Tiernan Hall Go to Page No. 9 VentureLink 105 Go to Page No. 9 VentureLink 211 Go to Page No. 9 Wellness & Events Center Go to Page No. 9 Weston Hall Go to Page No. 9

	Please select which year you are at New Jersey Institute of Technolog	ıy?
000000	Freshman Sophomore Junior Senior Graduate Student Other (Please specify)	
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^{5.} Do you live in on-campus housing?	
(Select one option)	
O Yes	
O No	
NOTE: IF ANSWER TO Q5 is Yes Go to Page No. 7	
No Go to Page No. 8 If Did Not Answer Then Go to Page No. 7	
I Did Not Allower Their do to rage No. 7	
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* 6. F	Please Indicate which residence hall you reside in, or note if you live o	off campus:
(:	Select one option)	
0	Cypress Hall	
0	Greek1	
0	Greek 2	
0	Greek 3	
0	Greek 4	
0	Greek 5	
0	Honors College	
0	Laurel Hall	
0	Oak Hall	
0	Redwood Hall	
0	Off Campus	
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	Please indicate which campus building you spend the majority of your time, outside of residence halls. (Select one option)
0	Campbell Hall
0	Campus Center
0	Central Avenue Building
0	Central King Building
0	Chen
0	Colton Hall
0	Cullimore Hall
0	Eberhardt Hall
0	Electrical and Computer Engineering Center
0	Facilities Services Building
0	Facilities Services Building Annex
0	Facilities Services Warehouse
0	Faculty Memorial Hall
0	Fenster Hall
0	Guttenburg Information Technology Center
0	Jersey City Satellite
0	Kupfrian Hall
0	Life Sciences and Engineering Center
0	Mechanical Engineering Center
0	Micro Electronics Building
0	Otto H. York Center for Environmental Engineering and Science
0	Redwood Hall
0	Specht Building
0	Student Mall and Police
0	Tiernan Hall
0	VentureLink 105
0	VentureLink 211
0	Wellness & Events Center
0	Weston Hall
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^{8.} For the building selected above, please assess the following areas: Building Condition and Cleanliness:					
	Excellent	Good	Average	Poor	Terrible
(a) General appearance of the exterior of the building	0	0	0	0	0
(b) General repair of the interior building shell (i.e. wall, floors, ceiling)	0	0	0	0	0
(c) General repair of the furnishings of interior space	0	0	0	0	0
(d) Cleanliness of interior spaces	0	0	0	0	0
(e) Cleanliness of restrooms	0	0	0	0	0
(f) Availability of consumable resources in restrooms (paper products, soap, etc.)	0	0	0	0	0
Comments/Suggestions- Building	g Condition	n & Clean	liness:		
				Pa	age 9 of 26 -

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongl disagre
a) Temperature is frequently at a reasonable level:	0	0	0	0	0
b) The air quality in my building is good:	0	0	0	0	0
c) My building is free of undesirable odors:	0	0	0	0	0
d) My building is free of distracting noises:	0	0	0	0	0
e) Water fountains in my building are of good	0	0	0	0	0
quality:					
· Comments/Suggestions- Build	ing Com	nfort:			
	ing Com	nfort:			
	ing Com	nfort:			
	ing Com	nfort:			

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^{12.} Considering all of campus, please assess the following areas: Campus Grounds:					
	Excellent	Good	Average	Poor	Terrible
(a) Condition of hardscapes (sidewalks, roads, etc.)	0	0	0	0	0
(b) Manicured Green Space	0	0	0	0	0
(c) Flower Beds	0	0	0	0	0
(d) Trees	0	0	0	0	0
(e) Athletic Fields	0	0	0	0	0
^{13.} Comments/Suggestions- Campu	us Grounds				
				Paç	ge 11 of 26 ——

14. Please rate your <u>expectation</u> level for Facilities Department perfor one option)	mance: (Select
Very High ExpectationsHigh Expectations	
O Moderate Expectations	
O Low Expectations O Very Low Expectations	
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	Please rate your general <u>satisfaction</u> with Facilities Department per (Select one option)	formance:
0	Extremely Satisfied	
0	Somewhat Satisfied	
0	Neutral	
0	Somewhat Dissatisfied	
0	Extremely Dissatisfied	
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* 16. How often do you submit a formal facilities work order request? (see	ect one option)
O Never	
O 1Time/Year	
O 2-5 Times/Year	
O 6-10 Times/Year	
O 11-20 Times/Year	
Over 20 Times/Year	
N/A Don't Know What This Is	
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^{17.} Please describe how strongly you	agree with t	he following	statements	regarding
the service request process:				

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
(a) I understand the procedure for submitting work requests	0	0	0	0	0
(b) I utilize the proper procedure for submitting work requests	0	0	0	0	0
(c) The work request process meets my needs	0	0	0	0	0

 $\textbf{NOTE:} \ \texttt{Display this comment only if answer to Q\#16 is 1Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR Over 20 Times/Year OR 0-10 Times/Year OR 11-20 Times/Year OR 0-10 Time$ Times/Year

Please choose the below answer that best describes how you interact when you have a service request.

Over 20 Times/Year OR 6-10 Times/Year OR 11-0ver 20 Times/Year OR 6-10 Times/Year OR 11-0ver 20 Times/Year	20 Times/Year OR
18. My most frequent means for requesting service is: (Select one option)	
O Phone O Web O Email O In Person O Other (Please specify)	
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Over	20 Times/Year
^{19.} T	he most effective means of requesting services is:
(5	Select one option)
0	Phone
0	Web
0	Email
0	In Person
0	Other (Please specify)

NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR

NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR Over 20 Times/Year OR the most important component of the work request process is:

(Select one option)

Or The process to submit a work request is effective
Or Notification of work request status (i.e. pending, in progress, complete)
Or Clear communication of work request schedule
Or Work requests are performed courteously and professionally
Or Work requests are performed completely
Or Work requests are performed in a timely manner

NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR Over 20 Times/Year

21. Comments/Suggestions- Service Request Process:

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^{22.} Please describe how often, in your recent experience, the following is true of the <u>Mechanical Department</u> (i.e. electrical, HVAC, plumbing, etc.).

	Always	Most of the time	About half the time	Sometime	s Neve	N/A
(a) Work order schedule is communicated effectively	0	0	0	0	0	0
(b) Schedule is adhered to or I am made aware of changes	0	0	0	0	0	0
(c) The work schedule is generally acceptable	0	0	0	0	0	0
(d) I am asked for feedback or receive feedback	0	0	0	0	0	0
(e) Work is performed courteously/professionally	0	0	0	0	0	0
(f) Work is performed competently	0	0	0	0	0	0
(g) Once work has begun, staff is timely	0	0	0	0	0	0
(h) Work meets my expectations	0	0	0	0	0	0

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^{23.} Please rate your general <u>satisfaction</u> with the Mechanical Department performance: (Select one option)	
 Extremely satisfied Somewhat satisfied Neutral Somewhat dissatisfied Extremely dissatisfied 	
NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year O Over 20 Times/Year	R
^{24.} Comments/Suggestions- Mechanical Department:	

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NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR Over 20 Times/Year

^{25.} Please describe how often, in your recent experience, the following is true of the <u>Structural Department</u> (i.e. carpentry, painting, locksmith, etc.).

	Always	Most of the time	About half the time	Sometime	s Neve	r N/A
(a) Work order schedule is communicated effectively	0	0	0	0	0	0
(b) Schedule is adhered to or I am made aware of changes	0	0	0	0	0	0
(c) The work schedule is generally acceptable	0	0	0	0	0	0
(d) I am asked for feedback or receive feedback	0	0	0	0	0	0
(e) Work is performed courteously/professionally	0	0	0	0	0	0
(f) Work is performed competently	0	0	0	0	0	0
(g) Once work has begun, staff is timely	0	0	0	0	0	0
(h) Work meets my expectations	0	0	0	0	0	0

	Please rate your general <u>satisfaction</u> with the Structural Department performance: (Select one option)	
00000	Extremely satisfied Somewhat satisfied Neutral Somewhat dissatisfied Extremely dissatisfied	
	TE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year 20 Times/Year	r OR
27.	Comments/Suggestions- Structural Department:	

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NOTE: Answer the below question only if answer to Q#16 is 1 Time/Year OR 2-5 Times/Year OR 6-10 Times/Year OR 11-20 Times/Year OR Over 20 Times/Year

^{28.} Please describe how often, in your recent experience, the following is true of <u>Custodial Services</u>.

	Always	Most of the time	About half the time	Sometime	s Never	N/A
(a) Work order schedule is communicated effectively	0	0	0	0	0	0
(b) Schedule is adhered to or I am made aware of changes	0	0	0	0	0	0
(c) The work schedule is generally acceptable	0	0	0	0	0	0
(d) I am asked for feedback or receive feedback	0	0	0	0	0	0
(e) Work is performed courteously/professionally	0	0	0	0	0	0
(f) Work is performed competently	0	0	0	0	0	0
(g) Once work has begun, staff is timely	0	0	0	0	0	0
(h) Work meets my expectations	0	0	0	0	0	0

^{29.} Please rate your general <u>satisfaction</u> with Custodial Services' performance:	
(Select one option)	
 Extremely satisfied Somewhat satisfied Neutral Somewhat dissatisfied Extremely dissatisfied 	
^{30.} Comments/Suggestions- Custodial Services	
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^{31.} Please describe how often, in your recent experience, the following is true of <u>Grounds Services</u>.

	Always	Most of the time	About half the time	Sometime	s Never	N/A
(a) Work order schedule is communicated effectively	0	0	0	0	0	0
(b) Schedule is adhered to or I am made aware of changes	0	0	0	0	0	0
(c) The work schedule is generally acceptable	0	0	0	0	0	0
(d) I am asked for feedback or receive feedback	0	0	0	0	0	0
(e) Work is performed courteously/professionally	0	0	0	0	0	0
(f) Work is performed competently	0	0	0	0	0	0
(g) Once work has begun, staff is timely	0	0	0	0	0	0
(h) Work meets my expectations	0	0	0	0	0	0

^{32.} Please rate your general <u>satisfaction</u> with Grounds Services' performance:	
(Select one option)	
O Extremely satisfied	
O Somewhat satisfied	
O Neutral	
Somewhat dissatisfied	
O Extremely dissatisfied	
33. Comments/Suggestions- Grounds Services:	
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