

SURVEY QUESTIONS FOR EMPLOYEES

Respondents: (1 Employee per Division/Office/Service: Ex. 1 from Planning Division, 1 from Administrative Office, 1 from Finance and Management Services etc.)

Office/ Agency:
Classification (ex. Regional) :

PERSONAL INFORMATION

Name:
Age:
Address:
Position:
Contract of Service:
Years of Service/Employment:

OPERATIONS

Operating Days:
Working Hours:
Time in:
Time out:
Department:
Brief Task Description:
Estimated No. of Clients per day:
Estimated No. of transactions per day:
Modes of services :

- ☐ Face to face
- ☐ Online
- ☐ Blended

Types of Services:

- ☐ Simple
- ☐ Complex

PHYSICAL ENVIRONMENT

Rate the following categories in accordance with the status of the workplace.
1 - Needs Improvement 2- Acceptable 3 - Satisfactory

Category	Ratings
• Wall Paint Color	
• Workplace Layout	
• Workstation Set-up	
• Access to Natural Ventilation	
• Access to Natural Light	
• Acoustic Separation of work spaces to public spaces	
• Cleanliness	
• Temperature	
• Furnitures - Ergonomic Comfort,Flexibility, Functionality	
• Equipments (Gadgets, Appliances, Electronic Devices)	
• Space per Employee	
• Green Spaces	
• Location	
• Facilities	
• Visual connectivity to team members	
• Good quality of views to outdoor environment	

SOCIAL ENVIRONMENT

Rate the following categories in accordance with the status of the workplace.
1 - Needs Improvement 2- Acceptable 3 - Satisfactory

Category	Ratings
• Co-worker Communication	
• Department Head to Employee Communication	
• Employee to Client treatment	
• Client Employee Treatment	
• Department collaboration and Teamwork	

ADDITIONAL:

Describe your work-setup during the Pandemic: _____
Challenges in workplace during the Pandemic: _____

RECOMMENDATION: State your expectation or wishlist or space requirements for a New Office:

WORKPLACE EVALUATION

Respondent: 1 (only) from any Concerned or Related Department /Division/Service : ex. Administrative and Legal Service or Financial and Management Service

Office/ Agency:
Classification (ex. Regional) :

Location:
Location Status: (ex. Rent, Govt. Owned)_____
Agency Work Description / Function:

OPERATIONS

Departments:

No. of Employees per Department:

Estimated No. of Transactions per employee:

Estimated No. of Transaction per day:

Modes of services :

☐ Face to face
☐ Online
☐ Blended

Types of Services:

☐ Simple
☐ Complex

For Frontline Services:

Estimated No. of Transactions per employee:

Estimated No. of Transaction per day:

Modes of services :

☐ Face to face
☐ Online
☐ Blended

Types of Services:

☐ Simple
☐ Complex

Peak Season: the time,day or season where highest demand of Transactions/Client Acquiring Services happens
(Ito ang oras, araw, o panahon kung saan nagaganap ang pinakamataas na pangangailangan para sa mga Serbisyong Pang-Transaksyon o Pag-aakma ng Kliyente)

Peak Season (Month):
Peak Day:
Peak Hours:

PHYSICAL ENVIRONMENT

Instructions: Kindly check if the following are present within your office:

- ☐ Walls
Color:_____
- ☐ Ceiling
Color : _____
- ☐ Floor Material:_____
- ☐ Door Types: _____
- ☐ Window Types:_____
- ☐ Lighting:_____
- ☐ Ventilation

☐ Natural

☐ Artificial (ex. Air Conditioned) , please specify: _____
- ☐ Green spaces/ Plants
- ☐ Acoustics/Noise Control Materials

FACILITIES

Instructions: Kindly Check if the facilities are present within your office:

- ☐ Main Lobby
- ☐ Receiving Area
- ☐ Security Area
- ☐ Waiting Area
- Seating Capacity:
- ☐ Transaction Windows:
- No. of Transaction Windows :
- Employee per Window :
- Estimated No. of Client per Window:
- Estimated No. of Client per Day:

- ☐ Director/Head Office
- ☐ Individual Work Stations
- ☐ Conference Room
- ☐ Toilet facilities
- ☐ Pantry
- ☐ Storage Area
- ☐ Library/Archive Room
- ☐ First Aid Room/Clinic
- ☐ Training Room
- ☐ Security Room
- ☐ Garden/Green Spaces
- ☐ Disinfection Area
- ☐ Quarantine/Holding Area
- ☐ Ramp or Wheelchair Access
- ☐ Elevator/Lift
- ☐ Parking Area

- Please specify other Spaces not mentioned above that your office needed :
- Estimated floor area in square meter per office / Department:

OFFICE LAYOUT

Instructions: Kindly check what type of office layout does your office currently have:

- ☐ Enclosed Offices/Rooms
- ☐ Cubicle Office Layout (With partition walls)
- What kind of partition?
- ☐ Solid
- ☐ Glass
- ☐ Others Please specify:
- ☐ Open-Plan Layout
- ☐ Team-Oriented Office Layout (office style where employees are grouped per department)

FURNITURES

Instructions: Kindly check if the furnitures are present within your office:

- ☐ Chairs
- No. of Chairs
- ☐ Desk/Tables
- No. of Desk/Tables
- ☐ Cabinets
- No. of. Cabinets

- Please specify other Furnitures not mentioned above that your office needed and the quantity that you need per furniture:
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EQUIPMENTS

Instructions: Kindly check if the equipments are present within your office:

- ☐ Monitors/ Screen
- ☐ Telephone
- ☐ Photocopy Machine
- ☐ Printer
- ☐ Computer
- ☐ Routers
- ☐ Servers
- ☐ Projector
- Please specify other Office Equipments not mentioned above that your office needed and the quantity that you need per equipment:

UTILITIES

Instructions: Kindly check if the utilities are present within your office:

- ☐ Available Cellular Network / Internet Provider:
- ☐ Water Supply
- ☐ Power Supply
- ☐ Waste Managements

☐ Segregation of Waste/Bins

SECURITY & SAFETY

Instructions: Kindly Check if the facilities & equipments are present within your office:

- ☐ Security
- ☐ CCTV
- ☐ Emergency Exits

No. of Emergency Exits
- ☐ Fire Extinguishers
- ☐ Sprinklers
- ☐ Smoke Detectors

INNOVATION / SUSTAINABLE FEATURES ADAPTED (if available) : _____

WISHLIST /SPACE REQUIREMENTS FOR NEW OFFICE: _____

REQUIRED FLOOR SPACE AREA PER DEPARTMENT: _____