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**Workplace Readiness for Protection of Employees from  
Contagious Disease Transmission**

Dear Employer,

Employers are responsible today, more than ever, to provide environments in which employees can be productive, creative, healthy, and safe to perform their duties. At this unique time, your staff may have fears about returning to your workplace unless they are confident that they will be protected against infectious diseases.

As a service to our community, we have created this survey to help employers like you assess how your employees feel about returning to the workplace. You can distribute this survey to your employees. The results will assist you as you consider ways to improve your facility and practices. While also showing your workers how much you care about them. Demonstrating to them that you possess the leadership that is needed today in your workplace.

Please also help me out, and our community in general, by having your employees (and yourself) fill out a similar survey which we have posted on our website at:

[www.buckmanarch.com/back-to-work-survey](http://www.buckmanarch.com/back-to-work-survey)

My staff and I value your input. We will assess and prioritize employee opinions and put them to use when we design and specify new layouts, products, materials, and furniture for our clients.

Thank you in advance for your assistance! In return for your participation we will be happy to share the results of our online survey with you.

Thank you!

Be well,

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### **Workplace Readiness for Protection of Employees from Contagious Disease Transmission**

1. I will only feel comfortable about disease transmission when at my desk if I have a vertical divider between me and: (check all that apply)
  - any other person
  - adjacent desk with other person 4 feet from me
  - adjacent desk with other person 6 feet from me
  - adjacent desk with other person 8 feet from me
  - I do not feel the need for vertical dividers in order to feel safe from transmitting disease
  - other (please specify) \_\_\_\_\_
  
2. I feel masks should be worn by myself and coworkers:
  - at all times inside the facility
  - when walking by me and others
  - when within 4 feet of me and staying still
  - when within 6 feet of me and staying still
  - when within 8 feet of me and staying still
  - other (please specify) \_\_\_\_\_
  
3. I will feel safe from disease transmission if we have a meeting and:
  - everyone is wearing a mask
  - we are 6 feet or more apart with masks
  - we are 6 feet or more apart without masks
  - meetings are held in an outdoor space
  - other (please specify) \_\_\_\_\_
  
4. I will feel safe from disease transmission during a meeting if 6 feet apart with masks and:
  - I am not comfortable in a space with multiple people and no vertical divider
  - there are no more than 4 people
  - there are no more than 7 people
  - there are no more than 10 people
  - the amount of people does not matter if there is at least 6 feet distancing
  - other (please specify) \_\_\_\_\_



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5. I will feel safe from disease transmission when without a mask if:  
(check all that apply)
- alone at personal desk with vertical divider
  - alone at personal desk with no divider but further than 4 feet from others
  - alone at personal desk with no divider but further than 6 feet from others
  - alone at personal desk with no divider but further than 8 feet from others
  - other (please specify) \_\_\_\_\_
6. I will only feel secure from disease transmission if: (check all that apply)
- no one except for me uses my personal desk area
  - my work area is wiped down twice a day
  - my work area is wiped down once a day
  - my work area is wiped down twice a week
  - my work area is wiped down once weekly
  - wiped down after each use if by others
  - other (please specify) \_\_\_\_\_
7. I will only feel safe from disease transmission if:
- the facility is cleaned twice daily
  - the facility is cleaned once a day
  - the facility is cleaned every other day
  - the facility is cleaned twice weekly
  - the facility is cleaned once a week
  - other (please specify) \_\_\_\_\_
8. I will only feel comfortable working in the facility if:
- often utilized door-knobs and light-switches are cleansed hourly
  - often utilized door-knobs and light-switches are cleansed twice daily
  - often utilized door-knobs and light-switches are cleansed daily
  - often utilized door-knobs and light-switches are cleansed every other day
  - often utilized door-knobs and light-switches are cleansed weekly
  - other (please specify) \_\_\_\_\_
9. I will only feel comfortable against disease transmission if supplied with:  
(check all that apply)
- hand sanitizer and/wipes in the facility
  - hand sanitizer and/wipes in the restroom(s)
  - hand sanitizer and wipes at each desk
  - hand sanitizer for visitors
  - other (please specify) \_\_\_\_\_



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10. I will feel secure from disease transmission if:
- temperature is taken of all people upon entering facility
  - temperature is taken of all staff upon entering the facility
  - temperature is taken of all visitors upon entering the facility
  - no one's temperature needs to be taken
  - other (please specify) \_\_\_\_\_
11. I will only feel comfortable working in the facility if the restrooms are:  
(check all that apply)
- equipped with touch-less plumbing fixtures and soap dispensers
  - equipped with touch-less light switches
  - equipped with touch-less door handles
  - does not need to be equipped with any touch-less features
  - other (please specify) \_\_\_\_\_
12. I will feel secure from disease transmission if:
- circulation around the office is to be in one direction to avoid walking towards others within six feet, even with masks being worn
  - circulation around the office is to be in one direction to avoid walking towards others within six feet and masks need not be worn
  - circulation around the office does not need be in one direction if others are further than within six feet, with or with a mask
  - circulation around the office is in one direction is not necessary in any circumstance
13. What is your biggest concern regarding the physical aspects of returning to the workplace? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_