

HVAC Equipment Feedback Form Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Think about the named workspace during the past seven days. Answer only from your experience; every question is optional. Do not inspect equipment or include personal health details. Use the normal facilities contact for urgent issues.

1. On how many days did you use this workspace in the past seven days?

- ☐ 0 days
- ☐ 1–2 days
- ☐ 3–4 days
- ☐ 5–7 days
- ☐ Not sure

2. How did the temperature usually feel while you used the space?

- ☐ Much too cool
- ☐ Slightly too cool
- ☐ About right
- ☐ Slightly too warm
- ☐ Much too warm
- ☐ It varied too much to choose
- ☐ I did not use the space

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3. How often did the temperature make it difficult to use the space as intended?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Every time I used it
- ☐ I did not use the space
- ☐ Not sure

4. Which best describes your ability to adjust the heating or cooling?

- ☐ I can make an adjustment myself
- ☐ I can request an adjustment from someone else
- ☐ I cannot make or request an adjustment
- ☐ I do not know how to make or request an adjustment
- ☐ Not applicable

5. How clear are the instructions for making or requesting a temperature adjustment?

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Neither clear nor unclear
- ☐ Somewhat unclear
- ☐ Very unclear
- ☐ I have not seen instructions
- ☐ Not applicable

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6. How much did heating or cooling equipment noise interfere with your use of the space?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ A lot
- ☐ I did not notice equipment noise
- ☐ I did not use the space
- ☐ Not sure

7. What is the first heating or cooling issue the facilities team should look into, if any?
