



HEALTHY BUILDING QUESTIONNAIRE

This questionnaire is intended to aid building operators and owners in planning for the safe re-entry of healthy buildings. It is based on the nine healthy building categories outlined by the [Harvard Business Review](#).

Building operators or facility teams should be able to complete this questionnaire in 1-2 hours going through the BAS and walking the site as needed. The results should be shared with building owners and leadership to aid in enhancing the existing systems and creating a healthy workspace. Please contact Switch Automation or Insite, LLC with any questions or to enlist help with creating a re-entry plan.

As you answer the items below, keep the following questions in mind:

- I Can you easily access the data?
- I Are you able to quickly determine if each are within acceptable ranges?
- I Are you able to effectively communicate progress with building occupants and your senior leadership?

Questionnaire

Overview

- I Building Name: _____
- I Building Address: _____
- I Completed By: _____
- I Date Completed: _____

Ventilation

- I. Are you monitoring ventilation in real-time in any of the following ways?
 - a. Airflow: Yes, all zones Yes, some zones No
 - b. Outdoor air flow (i.e. flow sensor, outdoor air damper position, etc.)? Yes No
Flow rate: _____
Damper position: _____
 - c. Outdoor air flow combined with real-time occupancy levels?
Yes No
Occupancy level: Occupied/Unoccupied Number of People Density Percentage
 - d. Space CO₂ concentration?
Yes, all spaces Yes, some spaces No
- II. Are you easily able to tell when ventilation is outside of CDC/ASHARE recommendations?
Yes, watching trend lines Yes, receive an alert Yes, all occupants notified No
- III. Have you increased the percentage of outdoor air flow? Yes No
What percent: _____ When: _____

Air Quality

- I. Do you have a way of monitoring, tracking, and benchmarking total volatile organic compounds (TVOC) levels? Are they within acceptable ranges as defined by EPA?
- Yes, all three Yes, monitoring but not sure if acceptable No

- II. Do you have a way of monitoring, tracking, and benchmarking particulate matter (PM2.5, PM10)? Are they within acceptable ranges as defined by EPA?
- Yes, both Yes, monitoring but not sure if acceptable No

- III. Do you have a way of alerting when these exceed recommended thresholds?
- Yes, receive an alert Yes, notifies all occupants No

- IV. Do you have an annual air quality testing and sensor calibration plan?
- Yes No

Thermal Health

- I. Are you monitoring environmental variables for every space in real time to proactively address thermal comfort concerns?

Temperature: Yes, all spaces Yes, some spaces No

Relative Humidity: Yes, all spaces Yes, some spaces No

- II. Do you have a way of verifying if the temperature and relative humidity are within CDC ranges?

Yes, in BAS Yes, trending Yes, receive notifications No

- III. Are you able to share these real-time measurements with building occupants?

Yes, on public dashboard Yes, if they have the app/login No

Moisture

- I. Do you have regularly scheduled inspections for roofing, plumbing, ceilings and HVAC equipment?

Yes No

- II. Do you have a way of monitoring, detecting, and alerting if there is a water leak in real-time?

Yes No

Dusts & Pests

I. Do you have a filter replacement plan?

Yes No Frequency: _____

II. Do you have a way of validating when filter changes have occurred?

Yes, pressure sensors Yes, Preventative Maintenance Tickets No

III. Do you have a way of validating janitorial cleanings have occurred?

Yes, TVOC spikes Yes, badge access Yes, sign-out sheet No

Safety and Security

I. Do you have a well-published emergency evacuation plan?

Yes No

II. Do you have a way to communicate with all building occupants quickly?

Yes, message distribution Yes, sound alert No

III. Do you have a way of monitoring carbon monoxide and fire safety metrics?

Yes No

IV. Do you have a way of controlling access to the building? Yes No

a. Visitor and Contractor (Access) Management?

Yes No

b. Health Screenings?

Yes, individually done Yes, thermal imaging at entrance No

V. Do you have Security Guards? Yes No

a. What is their role in managing site access? _____

b. Do they have COVID-specific post orders that align with your policies?

Yes No

Notes: _____

Water Quality

I. Do you have a way of regularly monitoring water quality?

Yes No

II. Do you have a plan to flush your water system before building re-entry?

Yes, scheduled for: _____ No

Notes: _____

III. Do you have a plan to clear traps and purge lines before building re-entry?

Yes, scheduled for: _____ No

Notes: _____

Noise

- I. Do you have a way of monitoring sound decibel levels in the office?
Yes, sensors spaced throughout Yes, one sensor No
- II. Can you alert occupants if that space exceeds recommended threshold levels?
Yes No
- III. Do you have a noise cancelling and/or reduction systems?
Yes No

Lighting and Views

- I. Do you have a way of monitoring and controlling light levels in the office?
Yes, integrated into platform Yes, on predefined schedule No
- II. Do you have a way of lighting spaces based on real time occupancy levels?
Yes No
- III. If you have a lighting system that uses motion sensors, can you use the sensor data to determine space density and traffic patterns?
Yes No

Present this completed this questionnaire to senior leadership to mitigate risk when preparing for building re-entry. Highlight opportunities for investment and improvement and fill in the gaps to better measure the health of your building.

Need help developing a roadmap or identifying technologies to round out your building health management strategy? Contact Switch Automation and InSite to learn more.



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