**WORKPLACE ENVIRONMENT CHANGES AND SAFETY SURVEY**

Purpose of this Survey

Over the course of recent events, many new guidelines have been developed and shared in support of maintaining workplace safety, efficiency, and productivity. We want to know your thoughts about the changes taking place to keep the workforce safe, your comfort level with safety measures taken in workplace buildings, and your current experience with working remotely.

Privacy Advisory

When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended and DoD 5400.11-R, DoD Privacy Program. Unless you choose to include your contact information, this survey is anonymous. Participation in these interviews is voluntary, you can skip questions you choose not answer, and you can stop participating at any time. Data from these interviews will only be reported in the aggregate – no responses will be linked back to an individual.

Survey Instructions

Recently, you should have received a memo from the Chief Management Officer (CMO) with information and guidelines for returning to the workplace. As such, you have been selected to participate in this survey. Please answer all questions to the best of your ability. You can visit https://www.whs.mil/Re-entry/ to review the memo and workplace re-entry guide.

How long will it take to complete this survey?

Approximately 5 minutes

When will this survey end?

XX August 2020

THANK YOU FOR PARTICIPATING IN THIS SURVEY. YOUR OPINION IS ESSENTIAL TO IMPROVING THE WORKPLACE.

**The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.**

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Your responses to the next three questions will provide better understanding of your unique experience during the pandemic.

1. Which Department of Defense (DoD) Component do you currently work for?

* Chief National Guard Bureau
* Defense Digital Service
* Department of The Air Force
* Department of The Army
* Department of The Navy
* Assistant Secretary of Defense Legislative Affairs (ASD (LA))
* Assistant to The Secretary of Defense Public Affairs (ASD(PA))
* Director Cost Assessment and Program Evaluation (DCAPE)
* Director of Net Assessment (ONA)
* Director Operational Test & Evaluation (DOT&E)
* DOD Chief Information Officer (including DISA and JSP) (DODCIO)
* General Counsel of the Department of Defense (GCDOD)
* Inspector General of the Department of Defense (DODIG)
* Joint Chiefs of Staff (JCS)
* Office of The Chief Management Officer (including WHS and PFPA) (OCMO)
* Under Secretary of Defense Acquisition and Sustainment (USD (A&S))
* Under Secretary of Defense Comptroller/DOD Chief Financial Officer (USD (C))
* Under Secretary of Defense for Policy (USD (P))
* Under Secretary of Defense Intelligence & Security (USD (I&S))
* Under Secretary of Defense Personnel and Readiness (USD (P&R))
* Under Secretary of Defense Research and Engineering (USD (R&E))
* Other (Please specify-do not include personally identifiable information)

1. What is your current telework status?

* Full-time telework
* Part-time telework and part-time in the office or work building
* Full-time in the office or work building
* Other (Please specify-do not include personally identifiable information)

1. Where is the primary location of your office?

* Pentagon
* Mark Center
* National Capital Region Leased Facility
* Other (Please specify-do not include personally identifiable information)

Over the past several weeks, you should have received email communication describing how the DoD plans to implement a phased approach for the safe return of its workforce while continuing to meet its mission. We want to ensure that all employees understand the organizational safety procedures and are comfortable working within the workplace. In doing so, your input to this survey will help determine if the recently developed guidelines support your component’s expectations for providing a safe and productive work environment.

1. Did you receive your component’s recently updated health and safety policies and procedures?

Yes No Not Sure

Please provide your level of agreement with the following statements:

1. I understand my component’s recently updated health and safety policies and procedures.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I understand what is expected of me to maintain a healthy and safe work environment.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. My component has taken appropriate action in response to the Coronavirus Disease (COVID-19).

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. My supervisor or leader provided adequate information on how to return to the workplace while ensuring my safety and enabling me to support my agency’s mission.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. My supervisor provides me with adequate support and guidance to complete my tasks and responsibilities after the transition to maximum telework.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I have been able to address my concerns or questions, including COVID-19, safety, health, and resources, with my supervisor.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I am comfortable commuting via public transportation to work, if I am asked to return to the office at this time.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I am comfortable returning to my work site (e.g., office, production facility, client locations).

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I would prefer to work from home if that option was extended to me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. The work schedules and flexible options available to me support adequate work-life balance.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. I have what I need to perform effectively when working remotely.

Strongly Agree Agree Neutral Disagree Strongly Disagree

1. Please rate your level of satisfaction with your ability to complete all of your assigned tasks while teleworking?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

1. Other than personal safety, which challenges will prevent you from returning to the work site? Mark all that apply.

* School or daycare closed or unavailable
* Public transportation unavailable
* Care for those needing additional assistance (e.g. persons with disabilities, elderly care, etc.)
* Prevention of exposure for high risk household members
* Health challenges not related to COVID-19
* No challenges
* Other (Please specify-do not include personally identifiable information)

1. What has your agency done in response to COVID-19 that has positively impacted your work experience? Mark all that apply.

* Provided the option to telework
* Allowed flexible schedule
* Provided new technology to support telework (i.e., Commercial Virtual Remote (CVR) or Teams)
* Provided clear and timely communication
* Other (please specify-do not include personally identifiable information)

1. How can Washington Headquarters Services (WHS) or your own agency best support your transition back to the worksite? (Do not include personally identifiable information)

The Pentagon Reservation has entered the second phase of the identified five-phase approach, which was implemented to maintain a safe environment within the workplace. The Guiding Principles outline the Pentagon’s course of action for its workforce and provides a footprint for the organization’s next steps. Below is a brief summary of the guidelines that have been implemented within the workplace environment. Please READ and respond to the questions about these guiding principles.

GUIDING PRINCIPLES FOR RETURNING TO NORMAL OPERATING CONDITIONS:

* Five-phase approach with objectives that must be met before moving to the next phase.
* The use of cloth face coverings inside the buildings is required when social distancing (at least 6 feet) cannot be achieved.
* Taking your temperature and answering wellness questions when you enter the building.
* More frequent cleaning of the workspace.
* Workspace reconfiguration in areas of limited space.
* Continued closure or changes in operations of certain facilitates.
* Number of people at gatherings and meetings are limited.
* Common seating in our food service areas will remain unavailable with limited concessions options.
* Some entrances and some customer service offices, such as the Pentagon Pass Office, may have limited hours.
* Stay home if sick or if you have been in contact with someone who is sick.

Please visit https://www.whs.mil/Re-entry/ to see the memo from the CMO and additional information about new workplace policies. This link will be available at the end of the survey.

1. How well do these guidelines meet your expectations to provide a safe working environment?

Extremely Well Somewhat Well Neutral Not Well Not Well At All

1. Are there other new and innovative changes that would further support you and your agency’s mission while maintaining safety? (Do not include personally identifiable information)
2. What question(s) do you have about COVID-19 and/or its impact on you or your agency?
3. Would you like to participate in a focus group that will follow up this survey?

* Yes
* No

If you would like a response to any of your questions or comments OR you would like to participate in a follow-up focus group, please provide your work email here.

The questions below ask for information about you and your agency. This will be important as we review results and further develop a plan for workplace requirements.

1. What is your pay grade or equivalent?

* SES
* General Schedule 13 to 15
* General Schedule 7 to 12
* General Schedule 1 to 6
* Wage Grade
* Military

1. Are you a supervisor?

* Yes
* No