

# Operations and Maintenance Benchmarks Survey for Healthcare Facilities



Should you choose to complete this survey in multiple sessions, this interactive .pdf will allow you to save your work by clicking “Yes” when asked if you want to save changes to “IFMA - ASHE O&M Survey.pdf.”

When your survey is complete, please submit to IFMA.

1. If you wish to keep a copy of the completed survey for yourself, go to “File” and “Save As.” Give your file a new name and save to your computer.
2. When your survey is complete, please click on the purple “Submit Survey” at the bottom of the last page of the survey. A pop-up box will appear. Hit “Send” and the completed survey will be sent to [research@ifma.org](mailto:research@ifma.org).

*If your e-mail client has not been initialized or if you use web browser-based e-mail, you will need to login to your e-mail account and attach your saved .pdf. E-mail to [research@ifma.org](mailto:research@ifma.org)*



# Dear Facility Professional:

The International Facility Management Association (IFMA) and the American Society for Healthcare Engineering (ASHE) are jointly conducting its first benchmarking survey devoted solely to facility operations and maintenance issues in healthcare. Our goal is to connect results to common business financial terms. From the overwhelming requests we receive, it was quite evident that there is a huge need for this information.

Recognizing that facility managers require a constant stream of current information, we have constructed a new survey using elements from both organizations' existing surveys. One of the intents of this survey is to assist the facility manager in determining the true "value" of one's operations to the organization's profit margin. The days are drawing to an end about facilities being an "expense" department. To the contrary, facilities management brings "value" to many aspects of the health care organization. This survey will assist you in not only demonstrating your department's value to the bottom line, but also increasing your net worth as a business partner in health care. Bottom line, you will gain business influence and insight to assist you in meeting your mission in facilities management and that of your organization.

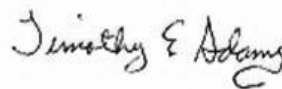
This questionnaire covers the major areas that comprise a facility's cost of operations – environmental services, waste, utilities and operations. Each area contains questions pertaining to cost and practices. It also covers maintenance staffing in depth. This questionnaire also delves into financial indicators. Information is requested for total adjusted patient days and total adjusted discharges as measurable tools to determine your value to your organization's bottom line.

Feel free to pass this survey along to another colleague if you feel you are not the appropriate person to respond to these questions. A high level of participation is critical to producing a report with valuable information. As an additional incentive to participate, those who complete this survey will receive an electronic copy of the report free of charge once it is published. The report will also be available for purchase at a later date to those who have not participated in the submission of benchmark information.

Please take this opportunity to review the survey and answer as many questions as you can. The survey is divided into several modules. You may not be able to answer every question, but every piece of information you and others in your organization provide will help us to provide a worthwhile study. To make this a timely report, your response is needed five weeks from the receipt of this survey. If you encounter any problems in meeting this deadline, please let us know. We want you to be able to participate in this study.



**Shari Epstein**  
Director of Research  
IFMA



**Tim Adams**  
Director, Member Professional Development  
ASHE

# Reasons why you should participate in IFMA and ASHE Operations and Maintenance Benchmarks Survey for Healthcare Facilities

- Compare your performance with other organizations using the most widely accepted facility management metrics;
- Uncover costs, which by comparison, may be excessive in relation to performance;
- Identify ways to improve your organization's performance and contribute to the bottom line increasing profit margins;
- Determine opportunities for improvement and uncover "best practices;"
- If you are amongst the organizations that demonstrate "best practices," positive recognition of your achievements is certain to follow.
- Locate hidden opportunities to assist you in demonstrating your departments value;
- Benchmarking will assist you in protecting your department from cut backs;
- Increase your influence with your organization;
- No fees to participate;
- Gain certification maintenance points;
- Receive a free copy of the report when completed.

## Which facility should I report on?

If possible, only report on one single-use facility, preferably the largest or most active. If you manage more than one facility and can provide separate data on each facility, you are encouraged to do so. Since this is an electronic document, you can access additional copies from ASHE's Web site [www.ashe.org](http://www.ashe.org) and IFMA's Web site, [www.ifma.org](http://www.ifma.org). If you are unable to provide information for a single facility, you can still participate by providing an aggregate report for multiple facilities.

## Time period covered

Data should cover the most recent 12-month reporting period, e.g. November 1, 2007 to October 31, 2008. This is likely to be the same as your organization's budget or fiscal year. Please use post audit information.

## Survey completion

We encouraged you to complete all of the questions. You may find it easier to split the survey questions among the departments that are responsible for the specific areas and assemble the survey for submission. Estimates of the information requested are acceptable; however, accurate information is strongly encouraged.

## Survey due date

Please complete and return your survey within **five weeks** of receipt.

## Return instructions

Please e-mail your survey to IFMA as they will be tabulating and analyzing the information. You may e-mail your submittal to [research@ifma.org](mailto:research@ifma.org) or fax to 1-713-623-6124.

## Availability of report

All those who participate will receive report results for free. The report will be divided into modules. If you choose not to participate, you may purchase the report months later when it becomes available to the public.

## Confidentiality

Information about individual organizations will be kept strictly confidential. The identification of your organization will be kept in a separate file from the facility data you provide. Data on individual organizations will not be released. Results will be reported in aggregate form.

## Questions?

If you have questions about the survey, contact IFMA's director of research, Shari Epstein, at 1-713-623-4362 or e-mail: [shari.epstein@ifma.org](mailto:shari.epstein@ifma.org). She will either answer your question or direct your question to the appropriate subject matter expert.

# General Information

1. Will you be providing responses in:

- English (sq. feet)                       U.S. dollars  
 Metric (sq. meters)                       Canadian dollars

2. Which of the following best describes the health care institution you manage?

- Acute Care Hospital** – An institution that is primarily engaged in providing diagnostic and therapeutic services for medical diagnosis, treatment, and care, by or under the supervision of physicians, to injured, disabled, or sick persons or rehabilitation services for injured, disabled, or sick persons.
- Behavioral Care Facility** – An outpatient treatment center for psychiatric and mental disorders, Alzheimer’s and developmentally disabled. Outpatient and psychiatric counseling for substance abuse patients.
- Outpatient Healthcare Center** – An outpatient clinic where persons can receive a wide range of medical services including diagnostic services, laboratory services and imaging.
- Ambulatory Surgery Center** – Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.
- Critical Access Hospital** – Critical Access Hospitals (CAH) are rural community hospitals that receive cost-based reimbursement.
- Medical Center** – A large medical complex that provides a comprehensive array of health care services in both outpatient and inpatient settings.
- Rehabilitation Center/Hospital** – A recovery facility oriented toward long-term treatment and training of sick/injured persons so they can function in society. Rehabilitation centers specialize between either physical therapy for trauma/stroke victims.

3. Who will serve as the benchmark contact person for your organization?

(Please complete or attach a business card. The report will be mailed to this address.)

Name: \_\_\_\_\_ IFMA or ASHE member ID #: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Would you be interested in participating in future benchmarking activities with others?

- Yes (If yes, what topics or areas do you have an interest in benchmarking?)

\_\_\_\_\_

- No

5. Check the description that best represents the facility on which you are reporting data. If you are reporting for multiple buildings/locations, frame your answer to best represent the overall portfolio.
- Space within a building
  - A single building
  - Multiple buildings in one location (specify number of buildings >10,000 sq. ft.) \_\_\_\_\_
  - Multiple buildings in multiple locations (specify number of buildings >10,000 sq. ft.) \_\_\_\_\_
6. This facility is:
- Owner occupied
  - Leased
  - A combination of owned and leased
7. What is the average age of this facility?
- Less than 5 years
  - 5 – 10 years
  - 11 – 15 years
  - 16 – 20 years
  - 21 – 30 years
  - 31 – 50 years
  - More than 50 years
8. This facility operates:  
 \_\_\_\_\_ hours per day                      \_\_\_\_\_ days per week
9. Percentage of facility that is air-conditioned/heated: \_\_\_\_\_%
10. For U.S. – Check the climate zone in which your facility is located.  
 To see a map, go to [http://www.eia.doe.gov/emeu/cbecs/climate\\_zones.html](http://www.eia.doe.gov/emeu/cbecs/climate_zones.html)

Facility's climate code	Number of Heating Degree Days in past 30 years	Number of Cooling Degree Days in past 30 years
<input type="checkbox"/> 1 (coldest)	More than 7,000	Fewer than 2,000
<input type="checkbox"/> 2	5,500 to 7,000	Fewer than 2,000
<input type="checkbox"/> 3	4,000 to 5,499	Fewer than 2,000
<input type="checkbox"/> 4	Fewer than 4,000	Fewer than 2,000
<input type="checkbox"/> 5 (warmest)	Fewer than 4,000	2,000 or More

For Canada – Check the climate zone in which your facility is located.

To see a map, go to <http://oee.rncan.gc.ca/energystar/english/consumers/zones.cfm?attr=4>

Facility's climate code	Number of Heating Degree Days in past 30 years
<input type="checkbox"/> D (coldest)	More than 8,000
<input type="checkbox"/> C	5,501 – 8,000
<input type="checkbox"/> B	3,500 – 5,500
<input type="checkbox"/> A (warmest)	Fewer than 3,500

# Facility Description

11. Do you have a central mechanical plant (electricity, steam, chilled water) that serves multiple buildings or is your plant decentralized?

- Centralized plant
- Decentralized plant

12. Where is the facility located? (  Check here if address is the same as Q.3 )

State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

13. Check the description that best fits the setting of your facility in the city listed above.

- Central business district
- Secondary downtown location (uptown, midtown, etc.)
- Suburban area
- Industrial park
- Rural area

14. Number of institutional full time equivalents (FTE) that work at this facility? \_\_\_\_\_

15. **Exterior Gross Area:** \_\_\_\_\_

The area of the floor measured to the outside face of the walls that enclose the floor(s) of the building. (ASTM 1836-08)

16. **Plannable Gross Area:** \_\_\_\_\_

The portion of the floor that is totally enclosed within the interior face of perimeter encroachments at the floor plane and where there are no perimeter encroachments enclosed at the inside finished surface of the exterior walls. To obtain plannable gross area, one would subtract, exterior gross to dominant portion, excluded areas, interstitial areas, restricted headroom areas, interior parking and perimeter encroachments from Exterior Gross Area. (ASTM E1836-08)

17. If another floor area measurement is used, please specify: \_\_\_\_\_

18. Developed acres (built, landscaped, parking) on facility site \_\_\_\_\_ acres

19. Do you conduct customer/patient/tenant satisfaction surveys related to your facility on a regular basis?

- Yes
- No (Skip to Q. 21)

20. What types of information do you typically collect?

- Overall satisfaction
- Response to work orders/trouble calls
- Satisfaction with building equipment
- Satisfaction with amenities
- Satisfaction with projects/moves
- Satisfaction with environmental comfort

21. Fiscal year in which you will be reporting: 200\_\_\_\_\_
22. Please indicate your organization's fiscal year net revenue: \$\_\_\_\_\_
23. Please indicate your organization's fiscal year expenses: \$\_\_\_\_\_
24. Please indicate your organization's fiscal year profit margin: \_\_\_\_\_%
25. Please indicate your organization's total adjusted patient days at this facility: \_\_\_\_\_
26. Please indicate your organizations total adjusted discharges at this facility: \_\_\_\_\_

## Utility

### Utility Costs

27. Utility costs are costs associated with providing electrical power, potable water, and central heating and cooling and sewage service to the facility. Utility costs include the purchase cost of oil, gas, water and electricity. Utility costs also include sewage service, central steam and cooling.

Energy Type	Annual Cost	Annual Units Consumed	Unit of Measure
Electricity	\$		kWh
	\$		Demand Charge Hours
Fuel Oil	\$		Gallons
Natural Gas	\$		Therms*
Chilled Water	\$		Ton Hours
Steam	\$		M-LBS
Water	\$		Gallons
Sewer	\$		Gallons

\*1 mcf = 10.24 therms    1 ccf = 1.024 therms

28. Are sewer costs combined with water?
  - Yes
  - No
29. Compared to last year, by what percentage have your utility costs changed? + / - \_\_\_\_\_%
30. My utility budget is primarily impacted by: (Check all that apply)
  - Change in rates
  - Change in number of units consumed
  - Expanding total space
  - Reducing total space
  - Implementing sustainable or renewable energy practices
  - Implementing other energy management practices
  - Other \_\_\_\_\_

## Utility Management Practices

31. Do you have a dedicated in-house workforce for utility program management?
- Yes – how many FTEs \_\_\_\_\_
  - No
32. Which of the following utility conservation practices have you undertaken in the past year to reduce utility usage?
- Replaced existing light fixtures with new light fixtures
  - Retrofitted existing light fixtures
  - Installed energy management system
  - Set back thermostat
  - Recommissioned building systems
  - Installed occupancy sensors
  - Installed energy-efficient motors
  - Installed energy-efficient ventilation equipment
  - Installed energy-efficient chillers
  - Installed energy-efficient heating equipment
  - Installed water-efficient plumbing fixtures
  - Installed new energy-efficient windows
  - Improved building shell insulation
  - Retrofitted building envelope
  - Adjusted operating hours of HVAC
33. Is your facilities' utility management program managed by a Building Automation System (BAS)?
- Yes
  - No (Skip to Q. 38)
34. Does your BAS trend utility utilization and provide energy management summary reports?
- Yes
  - No
35. Is your BAS system;
- Pneumatic
  - Direct Digital Control (DDC)
  - DDC/Pneumatic retrofit
36. Is your BAS a single integrated system for multiple buildings?
- Yes
  - No
37. Does your BAS have the ability to compare multiple building energy performance with one another?
- Yes
  - No



38. For work requests, do your customers:

- Fill out a paper request
- Send request electronically
- Contact a call center or help desk, i.e., a centralized location for all services
- Contact the individual FM function needed
- Personally tell maintenance personnel
- Other \_\_\_\_\_

39. What type of system are you using for maintenance?

- Computer Aided Facility Management (CAFM) system with maintenance module
- Computerized Maintenance Management System (CMMS)
- Manual spreadsheets
- Other \_\_\_\_\_

40. What type of maintenance productivity data do you collect?

- Cost/ft<sup>2</sup> or m<sup>2</sup>
- FTE/ ft<sup>2</sup> or m<sup>2</sup>
- Response time for work requests
- Percentage of work orders closed on time
- Number of service complaints
- Percentage of budget spent on breakdown (unplanned) maintenance
- Corrective backlog and PM completion

## Maintenance Costs

41. These questions pertain to expensed maintenance costs (not capitalized). For each of the following five categories, please include all repair, preventive, materials, direct labor and contract costs. Do not include the capitalized cost of improvements. For example, provide the cost of roof repair and maintenance, but not the replacement cost of a roof.

For leased facilities, in both sole-occupant and multi-tenant spaces, some of these costs may appear in common area maintenance (CAM) charges or as building operating expenses from the landlord or property manager.

**Annual cost of external building maintenance**                      \$ \_\_\_\_\_

- Roof
- Skin (siding, masonry, sash, glazing, window washing, external doors)
- Exterior signage
- Caulking of expansion joints

**Annual cost of interior systems maintenance**                      \$ \_\_\_\_\_

- Electrical systems (primary and secondary systems, emergency electrical systems, UPS, lighting systems, egress signage, master clocks, fire/life safety systems and alarms and remote monitoring, elevator maintenance/repair)
- Mechanical systems (HVAC, chillers, boilers, plumbing, extinguishing systems, back flow prevention, refrigeration and non-process related pumps)
- Base building general maintenance (interior walls, doors, ceilings, partitions and interior finishes, pest control)
- Interior signage
- Admin support services – trouble desks

# Operations

**Annual cost of roads and grounds maintenance** \$ \_\_\_\_\_

- Roadways, sidewalks, parking lots (paving repairs, sealing, striping, parking, roadway lighting, power washing), snow removal, de-icing
- Landscaping (planting, mowing, irrigation, plant/tree replacement)
- Parking structures (surface repairs, sealing, striping, lighting and drainage systems)
- Storm sewers (catch basins, manholes, sub-surface drainage systems)
- Underground fire systems and hydrants

The following two maintenance categories apply primarily to facilities with central plants. Please provide your expenses if your facility incurs these maintenance costs.

**Annual cost of utility/central system maintenance** \$ \_\_\_\_\_

- Electrical (generation/distribution)
- Mechanical (steam, hot & cold water systems)

**Annual cost of process treatment and environmental systems** \$ \_\_\_\_\_

- Process cooling water systems
- Process gas systems
- Air discharge scrubbers
- Waste water systems
- Water treatment plants
- Incinerator operation
- Solid waste management system

**42. Total Annual Maintenance Costs** \$ \_\_\_\_\_  
(Sum of the five maintenance cost categories)

**43. What percentage of your total annual maintenance costs was spent on preventive maintenance versus unplanned repair/breakdown maintenance?**

\_\_\_\_\_ % spent on preventive maintenance  
\_\_\_\_\_ % spent on repair/breakdown maintenance  
= 100%

## Current Replacement Value (CRV)

**44. If your facility is owned by your organization, what is the estimated current replacement value?**  
(Do not include cost of contents.)

\$ \_\_\_\_\_ Current Replacement Value

## Staffing

45. How many full-time equivalent (FTE) workers are used for operations and maintenance at this facility? You may use fractional FTEs. For example, if your carpenter does 50% carpentry, 25% painting and 25% locksmith work, please allocate 0.5, 0.25 and 0.25 in the corresponding categories. Use the following definitions in providing worker counts.

### Definitions:

**Full-time Equivalent (FTE)** – The operational and supervisory “person year” headcount that delivers a facility service on an annual, full-time basis, calculated on a 40-hour work week (2080 hours/year)

**Maintenance Workforce** – Exclude those who do primarily automotive, grounds or janitorial work in your totals.

**Maintenance Management** – Group supervisors and salaried managers involved in operation and maintenance of the facility.

**Administrative Support** – Administrative support includes help desk personnel and all other who perform administrative support, including all front office staff, budget, planners, schedulers, receptionists, CMMS administrators, and estimators.

Maintenance Workforce	# of in house FTEs	# of contract FTEs	# of shifts per day	# of days per week
Electricians				
Plumbers				
Controls & low voltage				
HVAC & central plant				
Stationery engineers and central plant operators				
Carpenters				
Generalists				
Locksmiths				
Painters				
Other FTEs (please specify positions)				

Maintenance Management	# of in house FTEs	# of contract FTEs	Exempt (Salaried)	Non Exempt (Hourly)
Group supervisor (ex. Foreman)			<input type="checkbox"/>	<input type="checkbox"/>
Operations and Maintenance Manager			<input type="checkbox"/>	<input type="checkbox"/>

Administrative Support	# of in house FTEs	# of contract FTEs
Help desk		
Administrative assistant		

### Total maintenance staffing

46. Please add staffing from all three categories: Maintenance Workforce + Maintenance Management + Administrative Support = Total Maintenance Staff

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Maintenance Workforce      Maintenance Management      Administrative Support      Total Maintenance Staff

# Operations

47. Is medical equipment management performed:

- In-house as part of facilities operations
- Contracted (included in the facilities operations budget)
- In-house by a separate biomedical or clinical engineering department (i.e. FTEs and budget are not part of facilities operations)
- Contracted (not included in the facilities operations budget)

48. Please indicate how each of the following services is handled, in-house or as a contracted service.

Service	In house	Contracted
Security	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>
Ice Removal	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Water Chiller Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Steam System Chemical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Tower Chemical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Closed Loop Chemical Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Grounds Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
Control System Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
AHU Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
HVAC System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Medical Gas System Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Generator Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Switchgear Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Grease Trap Scheduled Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis Reverse Osmosis System Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Bed Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Food Services Equipment Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Telephone/Data System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Sterilizer Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler System Testing	<input type="checkbox"/>	<input type="checkbox"/>
Fire Pump Testing	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm System Testing	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Smoke Damper Testing	<input type="checkbox"/>	<input type="checkbox"/>
Medical Waste Disposal Equipment Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Medical Waste Disposal Equipment Operation	<input type="checkbox"/>	<input type="checkbox"/>
Regular Waste Handling and Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Locksmith	<input type="checkbox"/>	<input type="checkbox"/>
Security / Access System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Statement of Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Painting	<input type="checkbox"/>	<input type="checkbox"/>
Carpet/Flooring Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>

Service	In house	Contracted
Ceiling Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic Tube System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Call System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Distribution System Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Safety Testing	<input type="checkbox"/>	<input type="checkbox"/>
Steam Trap Testing and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Interior Lighting Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Lighting Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Parking Deck Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lot Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Street and Drive Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Equipment Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Roof Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>
Building Fire Wall/Smoke Barrier/Hazardous	<input type="checkbox"/>	<input type="checkbox"/>
Area Wall and Door Inspection and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>

## Environmental Services

### Environmental Services Costs

49. Environmental services costs are those associated with the cleaning of offices, other work areas, restrooms and common support space. These costs include wages, benefits, staff support, supervision, administration, supplies, paper goods and non-capital equipment (e.g., brooms, floor polishers). Please include service providers' costs and/or any supplemental cleaning services provided by landlord.

**Total Environmental Services Costs** \$ \_\_\_\_\_

50. Please estimate how your environmental services costs provided in Q.49 are divided among the following categories:

- \_\_\_\_\_ % labor
- \_\_\_\_\_ % day porters/matrons
- \_\_\_\_\_ % cleaning supplies and paper products
- \_\_\_\_\_ % supervisors/staff support
- \_\_\_\_\_ % non capital equipment
- \_\_\_\_\_ % other
- = 100%

### Environmental Services Practices

51. Floor area cleaned (if different from plannable gross area): \_\_\_\_\_

52. Number of FTEs allocated to environmental services function:  
 \_\_\_\_\_ In-house \_\_\_\_\_ Contracted

53. Environmental services tasks are performed (check one):

- Primarily by in-house staff (Skip to Q.58)
- Primarily by contracted service
- Equally by both

# Environmental Services / Waste / Linen Services

For contracted services:

54. Number of in-house employees supervising contract: \_\_\_\_\_

55. Number of years existing contractor has been in place: \_\_\_\_\_

56. Is your environmental services contract based upon:  
 Performance                       Tasks and frequency

57. Does contractor (check all that apply):  
 Provide supplies  
 Provide paper products  
 Provide equipment  
 Perform background checks

## Waste

### Waste Utilization

58. Waste management has become an increasing important. Waste is often viewed as a measurement of overall business performance, thus identification, management and reduction initiatives are important.

Type	Annual Cost	Annual Units Consumed	Unit of Measure
Solid Waste	\$		Pounds or _____
Infectious Waste	\$		Pounds
Hazardous Waste (non pharmaceutical)	\$		Pounds or _____
Hazardous Waste (pharmaceutical)	\$		Pounds or _____
Chemo Waste	\$		Pounds or _____
Compost and Food	\$		Pounds or _____
Recyclables (co-mingled)	\$		
Other	\$		Pounds or _____

## Linen Services

Linen services may impact utility usage.

59. Is linen processed or laundered at this facility?  
 Yes  
 Yes, but limited \_\_\_\_\_% in house, \_\_\_\_\_% off site  
 No

60. Annual linen processing costs \$ \_\_\_\_\_

61. Linen poundage processed \_\_\_\_\_ lbs