

Investigation of cleaning procedures in the building – Questionnaire S6

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<p>Dear respondent,</p> <p>Cleaning and care procedures in the rooms of a building can be a contributing factor to problems in indoor workplaces. This questionnaire is intended to help narrow down the causes of health complaints. If there are different cleaning and care procedures in different workrooms, please complete this questionnaire separately for each room. Please provide as much detail as possible.</p>	
<p>Place of work (name/address):</p> <p>Department:</p> <p>Specific workplace:</p> <p>Questionnaire completed by: _____ Date completed: _____</p>	
<p>1 Is routine cleaning carried out in the rooms concerned?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, using (product name)</p> <p style="padding-left: 150px;"><input type="checkbox"/> Daily</p> <p style="padding-left: 150px;"><input type="checkbox"/> Weekly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Monthly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Annually</p> <p style="padding-left: 150px;"><input type="checkbox"/> Other interval (please specify)</p>	
<p>2 Is a floor-cleaning procedure carried out in the rooms concerned?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, using (product name)</p> <p style="padding-left: 150px;"><input type="checkbox"/> Daily</p> <p style="padding-left: 150px;"><input type="checkbox"/> Weekly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Monthly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Annually</p> <p style="padding-left: 150px;"><input type="checkbox"/> Other interval (please specify)</p>	
<p>3 Is a floor care procedure carried out in the rooms concerned?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, using (product name)</p> <p style="padding-left: 150px;"><input type="checkbox"/> Daily</p> <p style="padding-left: 150px;"><input type="checkbox"/> Weekly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Monthly</p> <p style="padding-left: 150px;"><input type="checkbox"/> Annually</p> <p style="padding-left: 150px;"><input type="checkbox"/> Other interval (please specify)</p>	

4 Is a carpet-cleaning procedure carried out in the rooms concerned?

- There are no carpets
- No Yes, using (product name)
- Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval, please specify

5 Is a furniture care procedure carried out in the rooms concerned?

- No Yes, using (product name)
- Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval, please specify

6 Are wood or stone care products used in the rooms concerned?

- No Yes, using (product name)
- Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval, please specify

7 Is a glass-cleaning procedure carried out in the rooms concerned?

- No Yes, using (product name)
- Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval, please specify

8 Is a cleaning procedure carried out for the washing and toilet facilities in the rooms concerned?

- No Yes, using (product name)
- Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval, please specify

9 Is a disinfection procedure carried out in the rooms concerned?

- No
- Yes, using (product name)
 - Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval (please specify)

10 Is a pipe-cleaning procedure carried out in the rooms concerned?

- No
- Yes, using (product name)
 - Daily
 - Weekly
 - Monthly
 - Annually
 - Other interval (please specify)