Occupant Satisfaction

Credit 14

Individual Building  Portfolio

Project Name: [name]

Project Number: GS- [####]

|  |  |  |  |
| --- | --- | --- | --- |
| Total points available: | 4 | Points claimed: | [#] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | **Type** | **Criteria** | **Description** | **Claimed** |
| 14.1 | **Action** | **Occupant Satisfaction Survey** | **1 point** is awarded when at least one occupant satisfaction survey is carried out during the *performance period*. | [#] |
| 14.2 | **Data** | **Occupant Satisfaction Levels** | **Up to** **3 points** are awarded where survey respondents indicate the level of satisfaction during the *performance period*. | [#] |

# Project-specific technical questions

|  |  |
| --- | --- |
| There are no project-specific technical questions for this credit. |  |
| There are project-specific technical questions for this credit and all responses received from the GBCA are attached. |  |

## 14.1 Occupant Satisfaction Survey

|  |  |  |
| --- | --- | --- |
| Indicate which compliance option has been selected for this criterion and fill in the corresponding section below. Select one option. | **14.1A** Conduct an occupant satisfaction survey; or |  |
| **14.1B** Complete a NABERS Indoor Environment rating. |  |

## 14.1A Conduct Occupant Satisfaction Survey

|  |  |  |  |
| --- | --- | --- | --- |
| 14.1A Confirm that the Occupant Satisfaction Survey (‘the survey’) has been delivered to regular building occupants during the *performance period*. | | | **☐** |
| 14.1A Confirm that the survey was recognised, in accordance with 14.1A.1. | | | **☐** |
| 14.1A Confirm that the survey achieved a response rate for a ±10% precision level, in accordance with 14.1A.2. | | | **☐** |
| 14.1A Confirm that the survey results are to be / have been shared with the Green Building Council of Australia. | | | **☐** |
| 14.1A.1 Confirm which recognised survey has been used. | Building Occupant Satisfaction Survey Australia (BOSSA) | |  |
| Occupant Indoor Environment Quality (IEQ) Survey | |  |
| Building User Survey (BUS) | |  |
| Other equivalent | |  |
| 14.1A.2 Confirm the minimum number of required responses, and the number of responses received. | | | |
| Number of full-time equivalent (FTE) people who work at the premises: | |  | |
| Minimum required responses: | |  | |
| No. of responses received: | |  | |

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *Occupant Comfort Survey results* | [####] |
| #### | [####] |

## 14.1B NABERS INDOOR Environment Rating

For this pathway, the satisfaction survey is carried out through a NABERS Indoor Environment rating as per the below. For the below please reference a valid NABERS IE report and attach to the Submission Template.

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Supporting Evidence** | |
| Please confirm that the NABERS IE rating was completed after January 2015. | |  |
| Please note the period for which this rating is valid. Confirm that the NABERS IE rating was completed during or was valid for at least the last three months of the *performance period*. | |  |

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *NABERS IE Report* | [####] |
| #### | [####] |

### DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

|  |
| --- |
|  |

## 14.2 Occupant Satisfaction Levels

There are two compliance options for this credit criterion. Please select one option and only fill in the corresponding section below.

|  |  |  |
| --- | --- | --- |
| Indicate which compliance option has been selected for this criterion and fill in the corresponding section below. Select one option. | **14.2A** Results from an occupant satisfaction survey; or |  |
| **14.2B** Results from the occupant satisfaction component of a NABERS Indoor Environment rating. |  |

## 14.2A Occupant Satisfaction Market Position

|  |  |  |
| --- | --- | --- |
| Confirm the Market Position score from the survey results, in line with the credit requirements. | | |
| Indoor air quality |  | |
| Thermal comfort |  | |
| Acoustic comfort |  | |
| Daylight and artificial lighting |  | |
| Building cleanliness |  | |
| Average of the above |  | |
| Number of points claimed in line with Table 14.2 of the Occupant Satisfaction credit and the *Occupant Satisfaction Calculator.* | | [##] |
| Confirm that supporting documentation meeting the requirements of 14.1A is attached to this Submission Template. | |  |

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *Occupant Comfort Survey results* | [####] |
| #### | [####] |

## 14.2B Occupant Satisfaction Levels - NABERS

| Please confirm the Market Position score for Occupant Satisfaction Survey for each of the below attributes sourced from the NABERS Indoor Environment Report | | |
| --- | --- | --- |
| Indoor air quality |  | |
| Thermal comfort |  | |
| Acoustic comfort |  | |
| Daylight and artificial lighting |  | |
| Building cleanliness |  | |
| Average of the above |  | |
| Number of points claimed in line with Table 14.2 of the Occupant Satisfaction credit. | | [##] |
| Confirm that a NABERS Indoor Environment Report meeting the requirements of 14.2B is attached to this Submission Template. | |  |

Identify where this information can be found within the supporting documentation provided.

|  |  |
| --- | --- |
| **Supporting Documentation**  (Name / title / description of document) | **Reference**  (Page no. or section) |
| *NABERS IE Report* | [####] |
| #### | [####] |

### DISCUSSION

Outline any issues you would like to highlight and clarify with the Certified Assessor(s).

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| --- |
|  |

# DECLARATION

I confirm that the information provided in this document is truthful and accurate at the time of completion.

Provide author details, including name, position and email address:

|  |
| --- |
|  |

Click here to enter a date.