

# Occupant Green Behavior Compliance Survey

Name

Department / Unit

Email

## 1. How often do you turn off lights when leaving a room?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

## 2. Do you unplug electronic devices when not in use?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Never

## 3. What green behaviors do you practice at work? (Check all that apply)

- ☐ Recycling
- ☐ Using public transport
- ☐ Plant care
- ☐ Using reusable containers

## 4. Please provide suggestions to improve green practices in your workplace.