



## GO! CHAPEL HILL 2007 BUSINESS SURVEY



### PART A: COMPANY INFORMATION

Company Name:

Company Location Address:

Mailing Address:

Date:

Number of employees at this location

Full-time

Part-time

Number of employees scheduled to arrive at work between 6:00 - 10:00 am weekdays

Number of employees scheduled to leave work between 3:00 - 7:00 pm weekdays

Describe the typical work schedule of employees at this business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Work Location

<input type="checkbox"/>	Remote: more than ½ mile to nearest other business
<input type="checkbox"/>	Free standing building within ½ mile of other businesses
<input type="checkbox"/>	Multi-tenant area: other employers (in same or contiguous buildings)
<input type="checkbox"/>	Central business district/downtown location

#### Type of Business

<input type="checkbox"/>	Retail	<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Education
<input type="checkbox"/>	Office	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Other: _____		

### PART B: TRANSPORTATION PROFILE

#### Parking Profile

1. Number of on-site parking spaces available to employees at this location: \_\_\_\_\_

2. Check all items below that describe the parking accessibility at this location:

<input type="checkbox"/>	Employees charged for parking on premises Amount _____ per <input type="checkbox"/> month <input type="checkbox"/> day
<input type="checkbox"/>	Parking area is shared with other employers
<input type="checkbox"/>	Parking spaces leased or rented by employer

#### Transit

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Transit is available to this work location
<input type="checkbox"/>	<input type="checkbox"/>	Bus schedules and maps are provided for employees

**Existing amenities**

The following table lists services that may be located either at your work site or within walking distance (within ¼ mile). These amenities may help support other types of transportation for your employees. Check all those available at your work site or nearby.

<input type="checkbox"/>	Lunchroom with tables and chairs	<input type="checkbox"/>	Postal services
<input type="checkbox"/>	Refrigerator/microwave	<input type="checkbox"/>	Medical services
<input type="checkbox"/>	Sink with soap/sponges	<input type="checkbox"/>	Grocery store
<input type="checkbox"/>	Banking services	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Direct payroll check deposit	<input type="checkbox"/>	Dry cleaner
<input type="checkbox"/>	Bus shelter/bench	<input type="checkbox"/>	Shower facilities/lockers
<input type="checkbox"/>	Daycare/Elementary School	<input type="checkbox"/>	Restaurants
<input type="checkbox"/>	Bicycle racks	<input type="checkbox"/>	Vending machines
<input type="checkbox"/>	Vending machines with healthy food options	<input type="checkbox"/>	Other (specify) _____

20. Which of the following are offered through your business? (check all that apply)

<input type="checkbox"/>	Walking/running/biking group	<input type="checkbox"/>	Exercise equipment at your business
<input type="checkbox"/>	Discounted passes to a local gym	<input type="checkbox"/>	Exercise classes (e.g., yoga, aerobics, etc.) at your business

21. During the past 12 months, did your business offer any of the following on health topics? (check all that apply)

<input type="checkbox"/>	Classes, workshops, lectures, or special events	<input type="checkbox"/>	Individual health coaching
<input type="checkbox"/>	Pamphlets, books, newsletters, video, etc.	<input type="checkbox"/>	Wellness programs

**PART C: TRANSPORTATION COORDINATOR**

Name:

Title:

Address:

Email address:

Telephone number:

**Comments:**

Thank you for completing this survey! To return the survey, mail to:

Planning Department – TMP Survey,  
405 Martin Luther King Jr. Blvd, Chapel Hill, NC 27514

Please contact [pli1@townofchapelhill.org](mailto:pli1@townofchapelhill.org) if you have any questions about this survey.