

# Delaware Green Business Survey

## Company Information

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1. **Company Name**

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2. **Company Address**

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3. **Email Address**

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4. **Phone Number**

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5. **Tenant or Owner**

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6. **Age of Building**

*Mark only one oval.*

- <5 years old
- 5 to 10 years
- 10 to 15 years
- 15 to 20 years
- 20 to 25 years
- 25 to 50 years
- 50 to 70 years
- >75 years old

7. **Years at Current Location**

*Mark only one oval.*

- <1
- <3
- <5
- <10
- <20
- >20

8. **Number of Employees**

Count each part time employee as a half, so two part time employees equal one full time  
*Mark only one oval.*

- 1-5
- 6-10
- 11-25
- 25-50
- >50

9. **Usable square footage**

Usable square footage of your office, building or facility. Located on your lease if you do not know

.....

10. **Type of Business**

*Mark only one oval.*

- Bank
- Education or Research
- Health Services
- Hotel/Motel
- Manufacturing
- Office
- Restaurant
- Retail
- Other: .....

## Score Card

How "green" is your business?

Read and respond to the questions below and briefly describe how you achieved that strategy.

Once it is completed your score will be generated and sent back to you.

The Delaware Green Business Challenge instruction guide which was sent out along with this survey includes helpful resources and references specific to each question. It also includes the amount of points possible for each question.

## Company Engagement

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11. **C1**

Does your company have a "Green Team", which is responsible for managing environmental and sustainability initiatives, engaging staff and raising awareness and enthusiasm for the "greening" of your business?

*Check all that apply.*

- Yes  
 No

12. **C2**

Do you designate on-going ways to celebrate your business's green successes and efforts? This could include a yearly celebration, regular recognition and rewards for green successes, or any other creative way for your business to acknowledge the of impact of going green.

*Check all that apply.*

- Yes  
 No

13. **C3**

Have you measured your carbon footprint and taken steps to reduce it?

*Check all that apply.*

- Yes  
 No

14. **C4**

Is sustainability part of company culture as well as your business's identity? For example, is it a part of your mission or company guidelines? Do you incorporate sustainability, environmental, social and economic indicators for good business? Do you market your business as a green or sustainable company, product or service provider?

*Check all that apply.*

- Yes  
 No

## Energy

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15. **E1**

Have you ever calculated your average energy use over the last 12 months?

*Check all that apply.*

- Yes  
 No

16. **E2**

Have you conducted a lighting audit to determine where you may be able to reduce energy use for lighting, and documented a plan for efficiency improvements?

*Check all that apply.*

- Yes- audit and documented plan  
 No

17. **E3**

Have you assessed strategies to increase the efficiency or energy saving measures for hot water demand, including installations of tankless, point source or solar thermal water heating, use of timers or temperature regulation devices or heat recovery technologies?

*Check all that apply.*

- Yes  
 No

18. **E4**

Have you established a policy that when replacing or adding new electronics or appliances they will have an ENERGY STAR rating, or for non-ENERGY STAR rated appliances that they are high efficiency models?

*Check all that apply.*

- Yes  
 No

19. **E5**

Do you have onsite renewable energy production?

*Check all that apply.*

- Yes  
 No

## Waste

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20. **W1**

Have you conducted a waste stream audit to assess you waste stream profile, then assess ways to increase recycling and waste reduction? Have you established a waste reduction goal?

*Check all that apply.*

- Yes  
 No

21. **W2**

Have you developed an environmentally preferable purchasing (EPP) policy to procure green products where feasible, and shared the policy among staff with an explanation of its importance and how to use it?

*Check all that apply.*

- Yes  
 No

22. **W3**

Do you purchase recycled content supplies or refurbished equipment; Ex. rechargeable batteries, refillable pens, remanufactured ink cartridges, etc.?

*Check all that apply.*

- Yes  
 No

23. **W4**

Are all employees given paper recycling trays or bins to use at his/her work station?  
*Check all that apply.*

- Yes
- No
- N/A

24. **W5**

Have you implemented a paper waste reduction strategy including reduced printing practices such as double-sided printing or using electronic memos instead of hard copies?  
*Check all that apply.*

- Yes- reduce printing
- No

25. **W6**

Have you reduced the number of catalogs and newspapers sent to your business, and do you unsubscribe to all junk mail?  
*Check all that apply.*

- Yes
- No

26. **W7**

Do you provide recycling for electronics, printer cartridges, cell phones, batteries and/or other hazardous waste materials?  
*Check all that apply.*

- Yes- one material
- Yes- two or more material
- No

27. **W8**

Do you have hand blow dryers or continuous cloth hand dryers in the bathrooms to eliminate paper towel waste?  
*Check all that apply.*

- Yes
- No

28. **W9**

Have you eliminated the use of disposable cups, plates, bowls, utensils, and coffee stirrers and instead purchase reusable kitchen-ware for office use?  
*Check all that apply.*

- Yes
- No

## Transportation

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29. **T1**

Do any of the employees use alternative transportation (bicycling, transit, walking, carpooling)?  
*Check all that apply.*

- Yes (1-3)
- Yes (3-5)
- Yes (5 or more)
- No

30. **T2**

Do you have a telecommuting, flextime, or 4/10 work week policy/option for employees? Or, are you a home based business?  
*Check all that apply.*

- Yes
- No

31. **T3**

Do you provide onsite secure bike parking for employees and guests?  
*Check all that apply.*

- Yes
- No

32. **T4**

Do you have a carpool program to help staff find carpool partners?  
*Check all that apply.*

- Yes
- No

## Water

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33. **P1**

Have you calculated your average indoor water use over the last 12 months? Start by inventorying all domestic water fixtures (faucets, toilets and urinals) to identify water conservation opportunities.  
*Check all that apply.*

- Yes
- No

34. **P2**

Do you have water-conserving devices on your toilets?  
*Check all that apply.*

- Yes
- No

35. **P3**

Do you have faucet aerators with a target flow rate of a maximum of 1 gallon per minute on all lavatory sinks?

*Check all that apply.*

Yes

No

## Healthy Work Environment

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36. **H1**

Do you have a smoke free work place policy, and require all smoking be at least 20 feet from all doors and operable windows?

*Check all that apply.*

Yes

No

37. **H2**

Do you have a policy preferencing for low- or no-VOC (volatile organic compounds) cleaners, polishes, sealants, adhesives, paints, carpeting, and finishes?

*Check all that apply.*

Yes

No

38. **H3**

Do you use Green Seal certified (or equivalent) green cleaners? If you use a cleaning company, does your contract specify use of Green Seal (or equivalent) cleaners?

*Check all that apply.*

Yes

No

## Community Stewardship

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39. **S1**

Does your business use local foods, participate in a CSA, facilitate staff participation in a CSA or act as a CSA drop site? \*Community Supported Agriculture

*Check all that apply.*

Yes

No

40. **S2**

Do you open up, lend or share your space (either permanently or on occasion) for community activities, services or events dedicated to encouraging, education or promoting sustainable community development?

*Check all that apply.*

Yes

No

41. **S3**

Does your company or organization encourage community service or volunteerism dedicated to sustainability and community stewardship through company activities, participation in community events?

*Check all that apply.*

Yes

No

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