

-Please complete all applicable fields-

END USER/SITE INFORMATION: (For file only)

Site Name _____

Contact Name _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

INSTALLER INFORMATION:

Company _____

Contact Name _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

-Please complete all applicable fields-

System Requirements

- How will the paging system be accessed? _____
FXO/trunk, FXS/Station/ATA, Page Port, SIP, Stand-Alone, etc.
- IP PoE, Analog or Hybrid system? _____
- How many paging zones? _____
- Is talkback paging required? _____
- Additional features: (Check, circle or highlight all that apply)

<input type="checkbox"/> Night Ring	<input type="checkbox"/> Override Access
<input type="checkbox"/> Ambient Noise Sensor	<input type="checkbox"/> Background Music
<input type="checkbox"/> Timed Event Scheduling	<input type="checkbox"/> Feedback Eliminator
<input type="checkbox"/> Volume Control Wall-Mounted	<input type="checkbox"/> Microphone Access

Additional Notes:

Office

- Ceiling type?

<input type="radio"/> Drop (2x2 or 2x4)	<input type="radio"/> Sheetrock	<input type="radio"/> Open
	<input type="checkbox"/> Pre-Const	
	<input type="checkbox"/> Post-Const	
- Ceiling height? _____
- Typical coverage? (hallways, break rooms, restrooms, etc.) _____
Any additional coverage required? _____

Additional Notes:

Warehouse

- Square footage or dimensions (if known)? _____
- Which areas require coverage? _____ (Please notate on drawing)
- Do the racks extend close to or at the ceiling? _____ Height difference? _____
- Are you able to stand in one aisle and hear someone else in the next aisle? _____
- Gas or electric forklifts? _____
- Typical noise levels? (65-80dB) moderate _____
- How many IDF's?? _____

Additional Notes:

Manufacturing/Production

- Square footage or dimensions (if known)? _____
- Which areas require coverage? _____ (Please notate on drawing)
- Noise levels? Preferably with dB meter _____
 Even without a dB meter these areas could be described as
 - Quiet (e.g. office)
 - Moderate (e.g. warehouse)
 - Loud (e.g. production)
 - Very Loud (hearing protection required)
 Please indicate variances on drawing
- Ceiling heights? _____ Are there columns? _____
- Any varying noise levels? _____
- How many IDF's? _____

Additional Notes:

