

PAGING SITE SURVEY SHEET

Before you begin designing or quoting a job, you will need some basic information regarding the site and the end-user's needs. Use the Site Survey Check List below to ensure that you collect all the information you will need to complete the design of the paging system.

Tools Needed

- measuring wheel/tape measure
- calculator
- sound pressure meter
- Bogen Products catalog

Obtain a copy of the floor plan of any areas that may require special design considerations (high shelving, machinery location, decibel measurements, exposed beams, etc.).

CUSTOMER INFORMATION

Company: _____
 Contact: _____
 Address: _____

 City/State/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

PERSON COMPLETING FORM

Company: _____
 Contact: _____
 Address: _____

 City/State/Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

SITE SURVEY CHECK LIST

Section I – System Needs concerns the requirements of the entire installation.

Section II – Specific Area Needs concerns specific areas within the installation.

Note: Installations that contain areas with different style environments or sound levels may require Section II to be filled out separately for each area. Be sure to make enough copies of this page for this purpose.

I. SYSTEM NEEDS

a. **What Type of Telephone Port Will Be Available for Connection to the Paging System?**

- Loop Start Ground Start
 Page Port Analog Station Port
 Other: _____

b. **How Many MIC Inputs Needed?** _____

c. **How Many AUX Inputs Needed?** _____

d. **Is Zone Paging Required?** Yes No

If yes, how many zones: _____

e. **Is Talk Back Required?** Yes No

If yes, in individual zones? Yes No

If yes, system-wide (no zones)? Yes No

f. **Is Group Paging Required?** Yes No

g. **Are Time Tones Needed to Signal Shift Changes?**

Yes No

h. **How Can the Amplifier Be Mounted?**

Rack Wall Shelf

i. **Amplifier Features Needed:**

- Aphex™ Aural Exciter Variable Loudness Contour Control
 Automatic Level Control (ALC) Graphic Equalizer
 Bass & Treble Controls Variable Mute
 Automatic Mute Manual Mute
 MOH Output Night Ringer

j. **Any Technology Preference?**

None 70V Central Amplifier Self-Amplified 24V Equipment

II. SPECIFIC AREA NEEDS

a. **Area Name/Description:** _____

b. **Area Dimensions:**

Length _____ ft. Width _____ ft.
 Square Footage _____ sq. ft. Ceiling Height _____ ft.

c. **Ambient Noise Level:** _____ dB

d. **Will There Be Large Changes in Ambient Noise Levels in the Area?**

Yes No

If yes, note range: _____ dB to _____ dB

e. **Environment:**

- Office/Professional/Retail Store Factory/Industrial
 Institutional/Remote Public Area Warehouse
 Aisles created by high storage racks Hallways
 Cafeteria/Break Room Auditorium
 Loading Docks/Outdoor Areas Other: _____

f. **Where Will the Speakers Be Placed?**

Indoors Outdoors

g. **How Can the Speakers Be Mounted?**

Suspended/Drop Ceiling* Wall**
 Beams, Columns, Other Structures

* Make note of any changes in surfaces or positions for actual speaker mounting.

** Make note of any changes in wall angles, surfaces, or height.

h. **Are Volume Controls Mounted on Each Speaker Needed?**

Yes No

i. **Are Wall-Mounted Attenuators Needed for Area's Volume Control?**

Yes No

j. **Is Feedback Elimination Equipment Needed?** Yes No

k. **Is Background Music Needed?** Yes No

If yes, BGM source: CD Player Other: _____
 Tuner Tape Player/Tuner
 Antenna Available for tuners? Yes No

