

SITE SURVEY

**This worksheet must be completed in full before a quote will be issued to client.
No installations will be scheduled without this completed form and appropriate drawings.**

Project Information

Quote Number	<input type="text"/>	Job Name:
Project Name	Job Address:	Date:
Client PO Number	Building or Room:	Equip. Needed by:
	City:	Sales
	State/ZIP:	Rep:

Type of Room

<input type="checkbox"/> Boardroom	<input type="checkbox"/> Training Room
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Teleconferencing Room
<input type="checkbox"/> Classroom	<input type="checkbox"/> Auditorium
<input type="checkbox"/> Other	(Specify:) <input style="width: 400px;" type="text"/>

Room Dimensions

Enter dimensions in this format: ff"ii"

Room Length ("side" wall) <input style="width: 100px;" type="text"/>	Room Height (floor to ceiling) <input style="width: 100px;" type="text"/>
Room Width ("screen" wall) <input style="width: 100px;" type="text"/>	Plenum Height (Ceiling to Structure) <input style="width: 100px;" type="text"/>

Ceiling Type

<input type="checkbox"/> T-Bar, and if so: <input type="checkbox"/> 2 x 2 <input type="checkbox"/> 2 x 4 <input type="checkbox"/> Open Grid (T-Bar with no tiles) <input type="checkbox"/> Dry Wall, and if so: <input type="checkbox"/> "Cottage Cheese" texturing	<input type="checkbox"/> Open Rafter, and if so: <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Concealed Spline <input type="checkbox"/> Cathedral (slanted) <input type="checkbox"/> Corrugated Metal
Notes: <input style="width: 200px;" type="text"/>	

Wall Type

<input type="checkbox"/> Dry Wall <input type="checkbox"/> Lath & Plaster	<input type="checkbox"/> Wood Paneling over dry wall <input type="checkbox"/> Acoustically treated, fabric covered over dry wall
At least one wall (where the wall plate installs) must be a hollow wall, such as one of the above types.	
If all walls are non-hollow, such as the types shown below, system cabling will need to be surface mounted, using Wiremold.	
<input type="checkbox"/> Concrete Block <input type="checkbox"/> Glass	<input type="checkbox"/> Brick <input type="checkbox"/> All walls have insulation and fire blocks inside them
Notes: <input style="width: 200px;" type="text"/>	

Floor Information

Construction	<input type="checkbox"/> Concrete slab <input type="checkbox"/> Wooden Joist	Floor Covering	<input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Sheet Vinyl <input type="checkbox"/> Tile
On which floor of the building is this room?	<input type="checkbox"/> Basement <input type="checkbox"/> First <input type="checkbox"/> 2nd or above (Specify:) <input style="width: 100px;" type="text"/>	Furniture present in room	<input type="checkbox"/> Conference Table <input type="checkbox"/> Instructor's Desk <input type="checkbox"/> Permanently installed seating <input type="checkbox"/> Lectern <input type="checkbox"/> Wall Unit
Any other floors above this floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Utilities present in room	<input type="checkbox"/> Electrical Power <input type="checkbox"/> Voice/Data Jack(s) <input type="checkbox"/> Conduit(s) <input type="checkbox"/> Mic Jack(s)

Type of Structure Above Ceiling

<input type="checkbox"/> Steel Beam <input type="checkbox"/> Pan (corrugated metal) <input type="checkbox"/> Other (Specify:) <input style="width: 300px;" type="text"/>	<input type="checkbox"/> Wood Beam <input type="checkbox"/> Concrete, and if so..... <input type="checkbox"/> Pre/Post Tensioned Slab
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Pictures are helpful *Note: Insulation is not a type of structure!*

Air space above ceiling: Plenum Non-plenum

Pre-installation Electric Runs

<input type="checkbox"/> Client will arrange (Solutionz will not pull power)	<input type="checkbox"/> Already in place
Notes: <input style="width: 200px;" type="text"/>	

Cable Path Type

<input type="checkbox"/> Conduit <input type="checkbox"/> Stub Outs	<input type="checkbox"/> Wire Tray <input type="checkbox"/> Wiremold
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Options Desired

<input type="checkbox"/> VHS VCR <input type="checkbox"/> DVD Player <input type="checkbox"/> Whiteboard <input type="checkbox"/> Lectern <input type="checkbox"/> Other (Specify:) <input style="width: 300px;" type="text"/>	<input type="checkbox"/> Wireless Mouse <input type="checkbox"/> Document Camera <input type="checkbox"/> Control System <input type="checkbox"/> Teleconferencing
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Ceiling obstructions in area of projector installation (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Air Duct | <input type="checkbox"/> Air Register |
| <input type="checkbox"/> Sprinkler Head | <input type="checkbox"/> Sprinkler Pipe |
| <input type="checkbox"/> Fire Enunciator (Strobe) | <input type="checkbox"/> Smoke Detector |
| <input type="checkbox"/> Fluorescent Light Fixture | <input type="checkbox"/> Incandescent Light Fixture |
| <input type="checkbox"/> Motion Sensor | <input type="checkbox"/> Loudspeaker |
| <input type="checkbox"/> Fan | <input type="checkbox"/> Insulation (Specify type:) <input type="text"/> |
| <input type="checkbox"/> Cable Tray | <input type="checkbox"/> Electrical Conduit(s) |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Other (Specify:) <input type="text"/> |
- I have looked up in the ceiling and there are no obstructions in an area 4'x4' above the Projector.

Tip: Count ceiling tiles for distances.

Wall or Ceiling Obstructions in area of screen installation (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Air Duct | <input type="checkbox"/> Air Register |
| <input type="checkbox"/> Sprinkler Head | <input type="checkbox"/> Sprinkler Pipe |
| <input type="checkbox"/> Fluorescent Light Fixture | <input type="checkbox"/> Incandescent Light Fixture |
| <input type="checkbox"/> Exit Sign | <input type="checkbox"/> Electrical Conduit(s) |
| <input type="checkbox"/> Cable Tray | <input type="checkbox"/> Wall Clock |
| <input type="checkbox"/> White/Blackboard | <input type="checkbox"/> Window |
| <input type="checkbox"/> Map Rail | <input type="checkbox"/> Framed Picture/Mirror |
| <input type="checkbox"/> Wall Unit/Shelving | <input type="checkbox"/> Other(Specify:) <input type="text"/> |

Verifications

Use the Checklist below as you verify each of these conditions in the room. Make note of any special situations that may apply to a condition.

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|--|--|
| <input type="checkbox"/> Wall Plate(s) can install on a hollow, non-insulated wall.
Notes: <input type="text"/> | <input type="checkbox"/> Any ceiling-mounted obstructions to projector installation will be moved by client prior to installation of system.
Notes: <input type="text"/> |
| <input type="checkbox"/> There will be no obstructions (fans, lights, etc.) along the light path of the projector.
Notes: <input type="text"/> | <input type="checkbox"/> Room drawing is attached, and locations for screen, projector, wall plate and (if applicable) rack and speakers are noted.
Notes: <input type="text"/> |
| <input type="checkbox"/> Electrical power is available near location of Smart Panel / Rack.
Notes: <input type="text"/> | <input type="checkbox"/> If system will use a ceiling-mounted screen: there is at least 12 inches of space above the ceiling tile along the entire width of the screen case.
Notes: <input type="text"/> |
| <input type="checkbox"/> There is a clear 4' x 4' area above the T-Bar where the projector will be mounted .
Notes: <input type="text"/> | <input type="checkbox"/> There will be no obstructions present at the locations specified for wall plates, rack and speakers.
Notes: <input type="text"/> |
| <input type="checkbox"/> Room's lights can be dimmed in the vicinity of the projection screen.
Notes: <input type="text"/> | |

Job Site Details

- | | |
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| <p>Building/Room Construction</p> <input type="checkbox"/> New
<input type="checkbox"/> Existing, and if so... <input type="checkbox"/> Renovation
<p>Hard Hats Required?</p> <input type="checkbox"/> Yes
<input type="checkbox"/> No
<p>Installation Vehicle Parking</p> <input type="checkbox"/> Open Parking In Main Lot
<input type="checkbox"/> Special Parking for Service Vehicles
<input type="checkbox"/> Pay Lot: Validated By Client
<input type="checkbox"/> Pay Lot: Not Validated
<input type="checkbox"/> Street <input type="checkbox"/> Metered <input type="checkbox"/> Free
<p>Hours Of Room Availability</p> <input type="checkbox"/> Mon-Fri, 7:00AM-6:00PM
<input type="checkbox"/> Nights Only (refer to administrator)
<input type="checkbox"/> Weekends Only (refer to administrator)
<input type="checkbox"/> Special Hours (Specify:) <input type="text"/> | <p>Security (check all that apply)</p> <input type="checkbox"/> Visitors Must Obtain and Wear Badges
<input type="checkbox"/> Visitors Must Be Escorted to Destination
<input type="checkbox"/> Visitors Must Show Identification
<input type="checkbox"/> Visitors Must Show Proof Of Vehicle Insurance
<input type="checkbox"/> Other Security (Specify:) <input type="text"/>
<p>Delivery Information (Check All That Apply)</p> <input type="checkbox"/> Loading Dock
<input type="checkbox"/> Freight Elevator
<input type="checkbox"/> Receiving Department
<input type="checkbox"/> Main Entrance
<input type="checkbox"/> Side or Special Entrance
<p>Labor Type</p> <input type="checkbox"/> Non-union
<input type="checkbox"/> Union
<input type="checkbox"/> Prevailing Wage |
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