

# Site Survey

Date: \_\_\_\_\_

## Project Site ....

## Key Decision Stakeholders (Authority)

Company: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Project City, State, Zip \_\_\_\_\_  
Building/Floor/Room(s): \_\_\_\_\_

Project Main Contact: \_\_\_\_\_  
Site Contact: \_\_\_\_\_  
IT/Networking Contact: \_\_\_\_\_  
Architect/Consultant: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Other: \_\_\_\_\_

## Type of Room

## Room Name

- |                                     |                                          |                                                |                                        |
|-------------------------------------|------------------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Classroom       | <input type="checkbox"/> Digital Signage       | <input type="checkbox"/> Training Room |
| <input type="checkbox"/> Boardroom  | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Teleconferencing Room | <input type="checkbox"/> Other; _____  |

## Room Dimensions .....

Room Length ("side" wall): \_\_\_\_\_ Room Height (floor to ceiling): \_\_\_\_\_  
Room Width ("screen" wall): \_\_\_\_\_ Plenum Height (ceiling to structure): \_\_\_\_\_  
Assumptions: \_\_\_\_\_

## Ceiling Type

- |                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grid/Tile, and if so:<br><input type="checkbox"/> 2x2 Grid <input type="checkbox"/> 2x4 Grid<br><input type="checkbox"/> Grid Concealed (not visible)<br><input type="checkbox"/> Grid Open (no tiles) | <input type="checkbox"/> Open Rafter, and if so:<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Wood | <input type="checkbox"/> Cathedral (slanted)<br><input type="checkbox"/> Corrugated Metal<br><input type="checkbox"/> Drywall, and if so:<br><input type="checkbox"/> Textured |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Assumptions: \_\_\_\_\_

## Structure Above Ceiling

- |                                                 |                                                                                                   |                                                                                                |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Steel Beam             | <input type="checkbox"/> Concrete, and if so:<br><input type="checkbox"/> Pre/Post Tensioned Slab | Air Space Above Ceiling<br><input type="checkbox"/> Plenum <input type="checkbox"/> Non-Plenum |
| <input type="checkbox"/> Pan (Corrugated Metal) |                                                                                                   |                                                                                                |
| <input type="checkbox"/> Wood Beam              |                                                                                                   |                                                                                                |

Assumptions: \_\_\_\_\_

## Wall Type

- |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Structure</b><br><input type="checkbox"/> Wood Studs<br><input type="checkbox"/> Steel Studs<br><input type="checkbox"/> Concrete Block<br><input type="checkbox"/> Brick<br><input type="checkbox"/> Lath & Plaster | <b>Finish</b><br><input type="checkbox"/> Drywall (gypsum board)<br><input type="checkbox"/> Wood Paneling<br><input type="checkbox"/> Fabric<br><b>Glass</b><br><input type="checkbox"/> Floor to Ceiling<br><input type="checkbox"/> Windows | <input type="checkbox"/> Adequate path for fishing cable through walls, ceilings and floors is available.<br><br><input type="checkbox"/> Wall where wall plate will be installed is a hollow wall. If wall is not hollow, system cabling will need to be surface mounted.<br><br><input type="checkbox"/> All walls have insulation and fire blocking inside them. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Assumptions: \_\_\_\_\_

# Site Survey

## Floor Information

### Construction

- Concrete Slab
- Concrete Slab w/ Steel Structure
- Wooden Joist
  
- Raised Floor

### Finish

- Carpet     Sheet Vinyl
- Hardwood    Tile
- Stained Concrete

### Location

- Basement
- First
- 2nd or Above - Specify \_\_\_\_\_

### Any Floors Above This Floor?

- Yes    No

Assumptions: \_\_\_\_\_

## Furniture

- Conference Table                       Lectern                       Console                       Permanent Seating (attached)
- Instructor's Desk                       Credenza                       Rack                       Other: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

Assumptions: \_\_\_\_\_

## Infrastructure / Electrical

### In Wall

- AAP (architectural adapter plate)
- Surface Raceway
  - Electrical Power
  - Voice/Data Jack

### In Floor

- Floor Box
- Floor Stub Out
- Floor Track
  - Electrical Power
  - Voice/Data Jack

### In Furniture

- Cable Cubby
- Pull-Through
  - Electrical Power
  - Voice/Data Jack

Details: \_\_\_\_\_

Conduit Size(s): \_\_\_\_\_

Assumptions: \_\_\_\_\_

### Pre-Integration Electrical Responsibilities

- Customer Will Arrange
- Coordinate with Customer's Architect/General Contractor/Electrician
- Existing - Complete
- Existing - Modifications Needed
- New - During Construction

Assumptions: \_\_\_\_\_

## Room Environmental Factors

- Ambient Noise Level db: \_\_\_\_\_
- Ambient Light Level \_\_\_\_\_
- Temperature deg.: \_\_\_\_\_

Assumptions: \_\_\_\_\_

## Obstructions in Area of Integration (check all that apply) - Document with photos!

- Air Duct
- Air Register
- Sprinkler Head
- Sprinkler Pipe
- Electrical Conduit
- Cable Tray
- Insulation
- Concerns About Asbestos - PM to bring up concern with customer.
- Concerns About Vibrations In The Room - Raising concern does not place obligation for solving or avoiding to the A/V Integrator.
- Speaker
- Fan
- Ceiling Mounted Light Fixture
- Pendant Light Fixture
- Fire Enunciator (Strobe)
- Smoke Detector
- Exit Sign
- Motion Sensor
- Wall Clock
- Window
- Artwork/Mirror
- White/Blackboard
- Map Rail
- Wall Unit/Shelving

Assumptions: \_\_\_\_\_

# Site Survey

## Verifications

- Wall Plate(s) can be installed on a hollow, non-insulated wall.
- Electrical power is available near location of equipment/rack.
- There will be no obstructions present at the locations specified for wall plates, rack and speakers.
- Room drawing is attached and locations for equipment and furniture are noted.
- If system will use a ceiling mounted screen; there is at least 12" of space above the ceiling tile along the entire width of the screen case.
- All ceiling mounted obstructions to projector installation are documented.
- There will be no obstructions along the light path of the projector.
- Room lights can be dimmed in the vicinity of the projection screen.

Notes:

## Project Site Details

### Building/Room Construction

- New (see drawings)
- Existing, and if so:  Renovation

### Safety and Personal Protective Equipment (PPE)

- Hard Hat  Steel-Toe Boots
- Safety Vest/Shirt  Eye/Hearing Protection
- Safety Training Required

### Vehicle Parking

- Open Parking in Main Lot
- Special Parking for Service Vehicles
- Pay Lot: Validated by Customer
- Pay Lot: Not Validated
- Street, and if so:  Metered  Free

### Hours of Room Availability

- Mon-Fri, 7:00AM-6:00PM
- Nights Only (refer to PM)
- Weekends Only (refer to PM)
- Specific Hours - Details: \_\_\_\_\_

### Security

- Visitors Must Obtain and Wear Badges
- Visitors Must Be Escorted to Destination
- Visitors Must Show Identification
- Visitors Must Show Proof of Vehicle Insurance
- Contractors Require Background Check
- Other Security - Specify: \_\_\_\_\_

### Delivery Information

- Loading Dock:  Scheduled  Freight  Truck/Van
- Elevator:  Scheduled  Freight
- Receiving Department
- Main Entrance
- Side or Special Entrance

### Structure Access

- Lift Required  Owner Provided  Integrator Provided
- Extension Ladder Required

Assumptions: \_\_\_\_\_

Notes:

# Site Survey

Sketch	Room Name
	