BOGEN DESIGN REQUEST FORM

INTERNAL REFERENCE NO.

CUSTOMER INFORMATION *(Required)*

Company: _____

Contact: _____

Address: _____

City/State/Zip _____

Tel: _____ **E-mail:** _____

FACILITY INFORMATION *(Required)*

Company: _____

Contact: _____

Address: _____

City/State/Zip _____

Tel: _____ **E-mail:** _____

NOTE: FLOOR PLAN **Please send a scaled hard copy (to below address), or E-mail a .dwg file to: *pagingdesign@bogen.com***

EQUIPMENT PREFERENCES: *Select One:* ◯ **BOGEN** ◯ **AVAYA** | *Select One:* ◯ **70V Centralized Amplifier** ◯ **24V Self-Amplified**

1. System Needs: Concerns the requirements of the entire installation.

A. Paging Method: ☐ Voice Switch. If so, what type? ◯ Analog ◯ IP / Digital
If IP / Digital, what type? ◯ FXO ◯ FXS ☐ MIC ☐ Other _____

B. ☐ **All-Call or** ☐ **Zone Paging** ☐ If Zone Paging, how many? _____
*Indicate how Zones should be laid out in section **3. Zone Layout** below.*

C. Is MIC Zone Paging Required? ☐ YES ☐ NO

D. If MIC Zone Paging, how many MICs are needed?: _____

E. Is Supervision Required? ☐ YES ☐ NO If Yes: ☐ Amplifier ☐ Speaker Line

F. Is Sound Masking Required? ☐ YES ☐ NO

G. Override (Emergency) Paging? ☐ YES ☐ NO If Yes, check all that apply:
☐ Telephone ☐ Microphone ☐ Pre-recorded Messages ☐ Fire Alarm

H. Number of Time Tones Needed to signal Shift Changes: _____

I. Is Talk Back required? ☐ YES ☐ NO

2. Specific Area Needs: Concerns specific areas (zones) within the installation.

NOTE: Installations that contain areas with different style environments or sound levels may require this section to be filled out separately for each area (zone). Be sure to make enough photocopies of this section with this in mind.

A. Environment:

- ☐ Office/Professional/Retail Store
- ☐ Institutional/Remote Public Area
- ☐ Aisles created by High Storage
- ☐ Cafeteria/Break Room
- ☐ Loading Dock/Shipping Area
- ☐ Hearing Protection Required
- ☐ Factory/Industrial
- ☐ Warehouse
- ☐ Hallways
- ☐ Auditorium
- ☐ Outdoors
- ☐ Other: _____

B. Ceiling Speaker Type "Required":
☐ Standard Round w/Grille ☐ Pendant ☐ Drop-In Tile ☐ No Preference

C. Are Volume Controls required on each Speaker?: ☐ YES ☐ NO
If Yes, what type? ☐ Recessed ☐ Knob ☐ Detachable Knob (24V only)

D. Where will Speakers/Horns be placed? ☐ Indoors ☐ Outdoors

E. How can the Speakers/Horns be mounted? ☐ Wall* ☐ Ground
☐ Suspended/Drop Ceiling** ☐ Beams, Columns, Other Structures

** Make note of any changes in wall angles, surfaces, and heights.*
*** Make note of any changes in surfaces or positions for actual speaker mounting.*

F. Ambient Noise Levels (estimate from chart shown here): _____

SOUND PRESSURE LEVELS:
LOW: 55 - 65 dB = Speech is easy to hear.
MEDIUM: 66 - 75 dB = Must raise voice to be heard.
HIGH: 76 - 85 dB = Speech is difficult to hear.
VERY HIGH: 86+ dB = Speech almost impossible to hear.

G. Will there be changes in Ambient Noise Levels?:
☐ YES ☐ NO If Yes, note the range: _____ dB to _____ dB

H. Do you want an Ambient Noise Sensor in the design? ☐ 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 is:
☐ CD Player ☐ Tuner ☐ Satellite ☐ Other _____

L. Do any areas contain products that could explode? ☐ YES ☐ NO
If Yes, ☐ Aerosol Cans ☐ Airborne Flammable Gases
☐ Other _____

3. Zone Layout: If you checked the Zone Paging box in **Section 1F** above, indicate the specific areas (zones) into which the customer would like to divide the facility. Add a separate sheet for additional zones (up to 99 zones).

ZONE #	ALL-CALL	1	2	3	4	5	6	7	8	9
AREA										
CEILING TYPE										
CEILING HEIGHT										
TALK BACK	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
NIGHT BELL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
BACKGROUND MUSIC	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
HEARING PROTECTION	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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