

BOGEN DESIGN REQUEST FORM

CUSTOMER INFORMATION

Company: _____
 Contact: _____
 Address: _____

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

ACCOUNT NAME

Company: _____
 Contact: _____
 Address: _____

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

NOTE: Floor Plan required - Send a scaled hard copy (to address below) or e-mail a .dwg file to: pagingdesign@bogen.com

Type of equipment needed, please check one: Bogen Avaya Please check one: Centralized Amplifier Self-Amplified

1 – System Needs concerns the requirements of the entire installation.

- a. **Paging Method:** MIC Voice Switch. If VS, what type? _____
- b. **How Many MIC Inputs Needed?** _____
- c. **How Many AUX Inputs Needed?** _____ (voice connections)
- d. **Is Talk Back Required?** Yes No
- e. **Are Time Tones Needed to Signal Shift Changes?**
 Yes No

f. **All-Call** or **Zone Paging**

If Zone Paging, how many zones? _____
 How should zones be laid out? (Indicate zones in part 3.)

g. **Override (Emergency) Paging?**

- Yes No
- If Yes, check all that apply:
 Telephone Microphone Pre-recorded messages/MDMU

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 page for this purpose.

a. **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: _____

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

- Indoors Outdoors

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

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

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

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

d. **Ceiling Type** _____ **Ceiling Height** _____

e. **Ambient Noise Levels (estimate from chart below)** _____

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

f. **Will There Be Changes in Ambient Noise Levels?**

- Yes No If Yes, note range: _____ dB to _____ dB

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

- Yes No

h. **Are Wall-Mounted Attenuators Needed for Area's Volume Control?** Yes No

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

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

If yes, BGM source: CD Player Tuner

Other: _____

3 – Zone Layout. If you checked the zone paging box in part 1 above, indicate specific area (zones) into which the customer would like to divide the facility. Also indicate whether the customer wants talk back (TB), night bell (NB), background music (BM), automatic volume control (AVC), and VoIP Connectivity (VC). Add a separate sheet for additional zones (up to 99 zones).

ZONE	AREA	TB	NB	BM	AVC	VC	ZONE	AREA	TB	NB	BM	AVC	VC
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Send Form To: Bogen Communications, Inc., 50 Spring Street, Ramsey, NJ 07446 U.S.A.,
 Tel: 1-800-999-2809; Fax: 201-785-0251; or E-mail: pagingdesign@bogen.com
 Attn: Bogen Paging Design**