

# 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**

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. **Over Ride (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  Tape 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:

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 Tel: 1-800-335-0229; Fax: 312-432-1168; or E-mail: sales@telcom-data.com  
 Attn: Bogen Paging Design