Sound Masking System Design Checklist

CUSTOMER INFORMATION

Customer Name: _____ Date: _____

Address: _____

Contact Name: _____ Phone: _____

E-mail: _____

SYSTEM INFORMATION

SYSTEM REQUESTED (check one):

☐ Sound Masking Only ☐ Sound Masking & Paging ☐ Sound Masking, Paging, and Music

☐ Other _____

Details: _____

PAGING SOURCE (check one):

☐ Telephone Paging ☐ Paging Microphone ☐ Other _____

Details: _____

MUSIC SOURCE (check one):

☐ Subscription Service (ex. Satellite, describe): _____

☐ AM/FM Tuner ☐ CD Player ☐ Other _____

Details: _____

SPEAKER TYPE REQUESTED:

☐ Above Ceiling ☐ Mounted In Ceiling (direct radiating)

Details _____

COVERAGE AREA:

☐ Open Office ☐ Foyer/Reception ☐ Hallways ☐ Lunch Room ☐ Private Offices

☐ Conference Rooms ☐ Rest Rooms ☐ Storage/File Rooms ☐ Other _____

Details: _____

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BUILDING SPECIFICS

CEILING DETAILS:

☐ Tile Ceiling

Tile Details: ☐ 2X2 Tiles ☐ 2X4 Tiles

Tile Type: ☐ Non-Tegular (flat) ☐ Tegular (drops down)

Tile Material: ☐ Soft absorbent ☐ Hard non-sound-passing Thickness _____

Tile Backing: ☐ None ☐ Foil ☐ Sound batting ☐ Insulation

☐ Drywall Ceiling

Location Description: _____

☐ Open Architecture Ceiling

Location Description: _____

☐ Other: _____

Finished Ceiling Height _____ Plenum Height _____

Plenum space used for return air? Y N

ACOUSTIC DETAILS:

☐ Low Partitions ☐ Height ☐ Line-of-sight problems ☐ Reflective Walls ☐ Reflective Windows

☐ Reflective Ceiling Light Issues: _____

☐ Carpet Flooring ☐ Hard Tile Floor ☐ Other _____

Other Acoustic Issues: _____

LOCATION FOR EQUIPMENT:

☐ Closet ☐ Utility Closet ☐ Sufficient AC Power Available for Head End

Other Location: _____

Project Budget: _____ Installation Timeline: _____

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