

**AVAYA PAGING SURVEY SHEET**

**Avaya Associate Information:**

**Customer Information:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Submit Date: \_\_\_\_\_

**Identify customer's needs uncovered during sales interview process:**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> People Locating      | <input type="checkbox"/> Night Bell        | <input type="checkbox"/> Talkback     | <input type="checkbox"/> CPE Background Music        |
| <input type="checkbox"/> Emerg. Announcements | <input type="checkbox"/> Time Clock / Tone | <input type="checkbox"/> Door Speaker | <input type="checkbox"/> Digital Delay Unit          |
| <input type="checkbox"/> Zoning               | <input type="checkbox"/> Alert Tones       | <input type="checkbox"/> Visual Signs | <input type="checkbox"/> Microphone Access           |
| <input type="checkbox"/> Remote Buildings     | <input type="checkbox"/> Pre-Rec. Messages | <input type="checkbox"/> Call Stacker | <input type="checkbox"/> Automatic Volume Controller |

Type of telephone system being utilized: \_\_\_\_\_

**Type of access from the telephone system:**

- C.O. Trunk: LS/GS       Page Port       Aux. Trunk       Centrex       Other \_\_\_\_\_

If you checked the **zoning** box above, indicate specific areas (zones) into which the customer would like to divide the facility. Also indicate whether customer wants talkback (**TB**), night bell (**NB**), background music (**BM**) in that zone, (**AVC**) automatic volume controller, and (**VS**) visual signs.

ZONE	AREA	TB	NB	BM	AVC	VS	ZONE	AREA	TB	NB	BM	AVC	VS
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"/>

Add a separate sheet for additional zones. (Up to 99 zones are available.)

**Secure a blue print or a detailed sketch from your customer to gather additional information about your Customer's location. Verify that a scale/dimensions are documented on the print. Walk through the facility to gather info (See checklist below). Send this page, the blue print, and gathered information to the address at the bottom of this page.**

**Please mark the following information on the blue print or sketch:**

- Mark the ambient noise levels for each specific area (use a dB meter, or dB charts).
- Referring to the zones above, indicate areas, or specific locations of zones.
- Mark locations of existing or proposed telephones.
- Indicate areas that do not need to be covered for paging. (Mark with "no paging".)
- Indicate the types of ceilings and ceiling heights for each area. (See list below.)
- Indicate areas where customer will want to locate a doorphone speaker.
- List any/all equipment attempting to reuse (manufacturer, model, type and voltage of speakers).
- Indicate any sound barriers (warehouse racks, mezzanines, new walls, etc.)
- Floor type for each area (cement, tile, wood, metal, grate)
- Indicate any open areas (no sound absorbing material present)