



WAV™ RF Site Survey Request Form

Please complete all sections and return via e-mail to techservices@wavonline.com or fax to 630.818.4450.

Section 1: Contact Information

Solution Provider:		
Address 1:		
Address 2:		
City:	State:	Zip:
Account Manager:	Phone:	Ext.
E-mail Address:	Fax:	
Systems Engineer:	Phone:	Ext.
E-mail Address:	Fax:	

End User:		
Address 1:		
Address 2:		
City:	State:	Zip:
Primary Contact:	Phone:	Ext.
E-mail Address:	Fax:	
Secondary Contact:	Phone:	Ext.
E-mail Address:	Fax:	

Section 2: RF System Information

Access Point Type:	<input type="checkbox"/> AVAYA DS	<input type="checkbox"/> Cisco Aironet DS	<input type="checkbox"/> Colubris DS
	<input type="checkbox"/> Intermec DS	<input type="checkbox"/> Intermec FH	<input type="checkbox"/> Symbol S24 FH
	<input type="checkbox"/> Symbol S24 HR DS	<input type="checkbox"/> Other:	
Data Throughput:	<input type="checkbox"/> 1Mbps	<input type="checkbox"/> 2Mbps	<input type="checkbox"/> 5.5Mbps
			<input type="checkbox"/> 11Mbps
Software Type:	<input type="checkbox"/> Emulation	<input type="checkbox"/> Client/Server	<input type="checkbox"/> WLAN
Packet Size:	<input type="checkbox"/> 500	<input type="checkbox"/> 1000	<input type="checkbox"/> 1500
Number of Users/Terminals:	RF Terminal Type(s):		
RF Cell Overlap:	<input type="checkbox"/> 15% (default)	<input type="checkbox"/> 30%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%

Section 3: RF Site Survey Report

Would you like your Company Logo on our RF Site Survey Report? <input type="checkbox"/> Yes <input type="checkbox"/> No, if No please skip to Section 4
If Yes was selected, please e-mail your Company Logo in JPEG, BMP or GIF format and this form completed to techservices@wavonline.com



Section 4: Facility Information

Location 1:			
Address 1:			
Address 2:	City:	State:	Zip Code:
Product Type:	Number of Users/Terminals:		
Total Square Feet:	Total Coverage Square Feet:		
Coverage: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both Explain:			
Notes:			

Location 2:			
Address 1:			
Address 2:	City:	State:	Zip Code:
Product Type:	Number of Users/Terminals:		
Total Square Feet:	Total Coverage Square Feet:		
Coverage: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both Explain:			
Notes:			

**If additional sites require a WAV™ Service, please attach a site listing.*

Current RF Devices:	<input type="checkbox"/> None	<input type="checkbox"/> 2.4GHz DS Proprietary	<input type="checkbox"/> 2.4GHz FH Proprietary
	<input type="checkbox"/> 900Mhz DS	<input type="checkbox"/> 2.4GHz 802.11b DS	<input type="checkbox"/> 2.4GHz 802.11 FH
	<input type="checkbox"/> Other:		
Currently using 2.4GHz Cordless Phones:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Currently using 900Mhz Cordless Phones:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
RF Backbone:	<input type="checkbox"/> Ethernet	<input type="checkbox"/> Wireless	<input type="checkbox"/> Other:
Location Type:	<input type="checkbox"/> Office	<input type="checkbox"/> Education	<input type="checkbox"/> Hospital
	<input type="checkbox"/> Government	<input type="checkbox"/> Light Manufacturing	<input type="checkbox"/> Heavy Manufacturing
	<input type="checkbox"/> Warehouse/Distribution/Center	<input type="checkbox"/> Other:	
Stock Level:	<input type="checkbox"/> Empty	<input type="checkbox"/> Low	<input type="checkbox"/> Normal <input type="checkbox"/> High
Number of Shifts:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Safety Requirements:	<input type="checkbox"/> None	<input type="checkbox"/> Glasses	<input type="checkbox"/> Steel Toe Shoes <input type="checkbox"/> Hard Hat
	<input type="checkbox"/> Other:		
Building Construction:	Walls: _____		
	Floor: _____		
	Ceiling: _____		
Number of Floors:	Number of Rooms:		
Ceiling Height(s):	Feet	Rack Clearance:	Feet
		Aisle Width:	Feet
Restrictions to:			
	Access Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____
	Antenna Mounting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____
	Lift Availability*:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____
<i>*End User is responsible for providing Lift and Lift Operator</i>			
Plans For Expansion/Redesign:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when: _____	
Coverage Environment:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Freezer Requires Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secured Areas Require Coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Areas Not Requiring Coverage: _____			



Section 5: RF Link Test

RF Site Survey requires a Wireless Point to Point Bridge Link Test or Wireless Point to Multi-Point Bridge Link Test? Yes No, if No please skip to section 6.

<input type="checkbox"/> Point to Point Link Test		<input type="checkbox"/> Point to Multi-Point Link Test	
How many buildings need to be linked:		Line of sight: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance between buildings:	Tower/Mast: <input type="checkbox"/> Yes <input type="checkbox"/> No	Height:	
Building Height(s):	Feet		
Comments:			

Section 6: Wireless Voice over IP

Survey to support Wireless Voice over IP Phones? Yes No, if no please skip to section 7.

Wireless Phone Type:		<input type="checkbox"/> SpectraLink NetLink Phone	<input type="checkbox"/> Symbol NetVision Phone
Number of Phones:			
PBX/Key System:	Make:	Model:	
	<input type="checkbox"/> Analog <input type="checkbox"/> Digital		
	Software Revision:		
Deskset Model:			
<input type="checkbox"/> Check this box if using Cisco® CallManager			

Section 7: RF Site Survey Dates

Please choose a primary date and an alternate date for the services specified. Large facilities may require more than one day to complete the RF Site Survey.

Primary Date:	Alternate Date:

Section 8: Facility Diagram

Please include a detailed diagram of the facility. Diagrams should show all coverage areas as listed in Section 4. Diagrams should have scale legend information.



Section 9: Purchase Order

A hard copy PO is required in order to schedule a RF Site Survey. Please fax a copy of the PO to 630.818.4450 Attn: Technical Services. Please note that RF Site Surveys are billed at whole days plus travel expenses.

Authorization Signature:	Purchase Order Number:

Comments

Notes:

Check List:

The following checklist can be used to verify all sections have been filled out. All sections need to be filled out before scheduling any service.

<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 1-Contact Information	To be completed by Solution Provider
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 2-RF System Information	To be completed by Solution Provider
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 3-RF Site Survey Report	To be completed by Solution Provider
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 4-Facility Information	To be completed by End User
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 5-RF Link Test	To be completed by End User
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 6-Wireless Voice Over IP	To be completed by End User
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 7-RF Site Survey Dates	To be completed by End User
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 8-Facility Diagram Included	To be completed by End User
<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	Section 9-Purchase Order Included	To be completed by Solution Provider

WAV™ will use the information provided in this form to schedule and conduct all services specified. Changes to any information provided in this form may affect delivery dates of services. Any locations not listed in this form will be considered "No Coverage Area". WAV™ is not responsible for additions and/or changes to the facility after the RF Site Survey has been completed. Please send completed form via e-mail to techservices@wavonline.com or fax at 630.818.4450 Attention: Technical Services.

Account Representative:	Date