

Promethean®

Installation Survey Document

Site Name/Address:		
Contact Name:		
Contact Tel:		
Contact Email:		
Survey Date:		
Surveyor:		
Proposed Installation Date:		
Installation Information		
Room No:		
ActivPanel Model # or Product Code:		
Stand (Adjustable/Mobile/Wall Mount/etc.) Product Code:		
Promethean Chromebox	Y/N	
ActivConnect OPS-G	Y/N	
OPS-M	Y/N	
ActivConnect G	Y/N	
ActivSoundBar	Y/N	
Other hardware (list if any)		
Access times, any restrictions (noise, etc.):		
Height from floor to bottom of ActivPanel:		
Network Services		
Contact Name:		
Contact Title:		
Contact Tel:		
Contact Email:		
Hardwired/Ethernet	Y/N	Device(s):
Configuration Notes:		
Wireless (Wi-Fi)	Y/N	Device(s):
Configuration Notes:		
Bluetooth	Y/N	Device(s):
Configuration Notes:		

Room Details		
Height	Width	Length
Possible obstructions: <i>(e.g. ducts, pipes, cables, etc.)</i>		
Construction of wall: <i>(e.g. solid brick, plastered, dry wall, etc.)</i>		
For wall construction with studs, specify stud type. <i>(e.g. metal or timber/wood studs)</i>		
Additional services required? <i>(e.g. electrical sockets, network points, etc.)</i>		
Any additional jobs required to be carried out prior to installation? <i>(e.g. strengthening of wall, general decoration, removal of obstructions, etc.)</i>		
Are extended cabling options required?		

Sketch Floor Plan to show location of Promethean Hardware

Customer Acceptance	
I, as a representative of the above company/customer accept the proposed positions of the above equipment. I fully understand that if the positions of equipment change which is no fault of the installer, additional charges may be incurred.	
Signed:	
Print Name:	
Date:	
Position:	
Comments:	