

GENERAL CONTACT INFORMATION

Company Name: _____

Company Address: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

Project Name: _____

(If applicable)

ROOM INFORMATION (Materials & Construction)

Height: _____

(If the ceiling is peaked, height of walls and height of peak)

Width: _____

Depth: _____

ROOM SURFACES (Material)

Ceiling: _____

Floor: _____

North Wall: _____

South Wall: _____

East Wall: _____

West Wall: _____

ROOM FLOOR PLAN

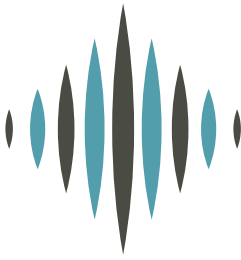
Please submit one of the following. E-mail to ted@remotesoundtesting.com with your company name in the subject line.

Sketch Yes No

Current Blueprints Yes No

CAD Rendering of Room Yes No

(Electronic file is preferred)



INDICATORS OF AREAS OF CONCERN AND BRIEF DESCRIPTION OF EACH

INDICATORS OF EMPLOYEE WORK OR STATION LOCATIONS

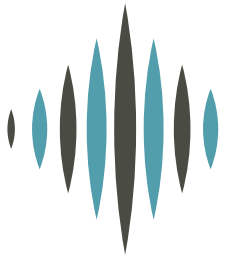
(If applicable)

PHOTOS OF ROOM NOTING ORIENTATION *(North, South, East, West)*

2-4 Photos or Videos of Each Area of Concern

2-4 Photos or Videos of Each Noise Source of Concern

DESCRIPTION OF THE PROBLEM



ANY PREVIOUS MEASURED DATA

ANY ACOUSTICAL MATERIAL ALREADY INSTALLED

Specifications or Descriptions: _____

Product Size(s): _____

Product Locations(s):

NOTES OR OTHER AREAS OF CONCERN
