

Site Survey Form

Site Details	
Site Code / Name*	
Site Address*	
Person In-Charge*	
Contact Number*	
Installation Date Time*	Monday to Friday (9am – 6pm) or others

Counter Proposed Location	
Ceiling Height (metre)*	
Ceiling Composition*	Type of ceiling (plastered ceiling, glass ceiling or synthetic drop tile) and colour.
Door Width (metre)*	
Floor Slope*	
Distance (metre)*	Distance from the back-office comms cabinet with router and midspan to the counter head.
Remarks	
Sketch of Counter Position	

Counter Proposed Location [Optional]	
Ceiling Height (metre)*	
Ceiling Composition*	Type of ceiling (plastered ceiling, glass ceiling or synthetic drop tile) and colour.
Door Width (metre)*	
Floor Slope*	
Distance (metre)*	Distance from the back-office comms cabinet with router and midspan to the counter head.
Remarks	
Sketch of Counter Position	