

# New Equipment Site Survey

## Customer Information

Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_

Date: \_\_\_\_\_  
 Dealer: Standard Digital Imaging, Inc.  
 Sales Rep: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### Please Send Site Survey to:

Fax: 215-992-4230  
 E-mail: Service.Supplies@StandarDigital.com

## I.T. Information

Contact/Company: \_\_\_\_\_ Is I.T. local or offsite? \_\_\_\_\_  
 Phone: \_\_\_\_\_ Available at Install? \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Remote or onsite? \_\_\_\_\_

## Network Information

Number of MFPs: \_\_\_\_\_ Network Drops Ready: Yes  No  Active Directory: Yes  No   
 Fixed IP Addresses (1 per MFP): \_\_\_\_\_  
 Gateway: \_\_\_\_\_ Subnet Mask: \_\_\_\_\_  
 DNS 1: \_\_\_\_\_ DNS 2: \_\_\_\_\_ Domain/Workgroup: \_\_\_\_\_  
 Wi-Fi SSID: \_\_\_\_\_ Encryption: WPA(2)-TKIP  WPA(2)-AES  WEP   
 Wi-Fi Passcode: ***\*To be provided by Customer IT.*** Is the Wi-Fi separate from the wired network Yes  No

## Server Information

	Name	IP Address	Operating System
Print Server			
Mail (SMTP) Server			
File (SMB) Server			

Do you use any applications or terminal sessions that are hosted on a remote server or in The Cloud? Yes  No

## Workstation Information

	Number of Workstations	Operating System(s)	Version(s)
PC			
Mac			
Other			

## Mobile Devices

	Number of Devices
iOS	
Android	
Other	

***\*All usernames and passwords needed for access or authentication must be provided by Customer IT at time of install. SMB (Network) folders must be set up by or in cooperation with customer IT.***

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## Print Driver Options

Windows:

- PCL6       PostScript (Requires PS option)  
 PC Fax

Mac:

- PPD/PostScript (Requires PS option)

## Scanning Options

Scan to E-mail (Please provide list of e-mail addresses)

SMTP Server: \_\_\_\_\_

SMTP Port: \_\_\_\_\_

Authentication: ***\*To be provided by Customer IT if needed.***

Scan to Network Folder (SMB)

UNC Path: \_\_\_\_\_

Authentication: ***\*To be provided by Customer IT.***

\*\*Additional locations can be provided at time of install

Scan to Desktop (Sharpdesk, PC Only)

Number of Workstations: \_\_\_\_\_

***\*One software license is required for each workstation.***

Scan to FTP

FTP Server: \_\_\_\_\_

Directory: \_\_\_\_\_

Authentication: ***\*To be provided by Customer IT.***

Will you be using Embedded User Controls    Yes  No

If yes, please provide a list of users, PIN numbers of 5-8 digits, and whether each user is allowed color, if applicable.

## Sharp OSA Applications

MX-SW100 Print Release

Sharepoint Connector

Blackboard Learn Connector

E-mail Connector

OneDrive Connector

Network Connector

OnBase Connector

## 3<sup>rd</sup> Party OSA Applications

PaperCut

FaxCore

Drive

INPOINT

## Power Requirements

Is the required power outlet(s) available?    Yes  No

<input type="checkbox"/>		120 Volt 15 AMP NEMA 5-15R 23 – 40ppm B&W & Color Machines	<input type="checkbox"/>		120 Volt 20 AMP NEMA 5-20R 41 – 75ppm B&W 41 – 60ppm Color Machines	<input type="checkbox"/>		220 Volt 20 AMP NEMA 6-20R 62 – 120ppm B&W 62 – 75ppm Color Machines
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## Physical Location

Are there steps involved to get to the location?    Yes  No

Parking:  Street     Lot     Dock     Other

If so, how many steps? \_\_\_\_\_

Is there an elevator available?    Yes  No

**Pre-Implementation Waiver:** Client Requirements: Provide appropriate power, adjacent active network connections, and adjacent phone connections (if necessary). All network and computer related equipment should be in good working order with all appropriate and recommended updates. Ensure proper backup of all pertinent information and settings prior to arrival of implementation personnel. Workstations should meet or exceed minimum recommended hardware requirements of software to be installed. Availability to client's technology personnel to ensure seamless implementation may be required; please arrange for said technology personnel to be available. ***I, agree that the above information is accurate, complete and authorize installation.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_