



PHONE: (949) 830-1400  
 ADDRESS: 4 A MASON, IRVINE, CA 92881  
 WEB SITE: www.cbeofficesolutions.com

# Network Site Survey

Reference #:

*This document is required before delivery can be scheduled for the equipment listed below. Additional information may be requested as the project progresses to further define the customer's environment*

## Section 1: CUSTOMER INFORMATION

Customer Name:		Date:	
Address:		City:	State: Zip:
Elevator: <input type="checkbox"/> Yes <input type="checkbox"/> No    Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of stairs:			
Primary Contact Name:		Phone:	Email:
Technical (IT) Contact Name:		Phone:	Email:
Technical (IT) Support: <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			

## Section 2: EQUIPMENT INFORMATION

Make	Model	Connection Type: <input type="checkbox"/> USB <input type="checkbox"/> Wired Network <input type="checkbox"/> Wireless Network <i>(for network connections provide: IP Address / Subnet Mask / Gateway)</i>	Power Required

120 Volt, 15 Amp NEMA 5-15R	120 Volt, 20 Amp NEMA 5-20R	220 Volt, 20 Amp NEMA 6-20R	240 Volt, 30 Amp NEMA 6-30R

## Section 3: CLIENT SERVER REQUIREMENTS

### 1. PRINT SERVER INFRASTRUCTURE:

**Not Applicable**

Peer to Peer (Direct IP Printing)     Client / Server

- 1.1. Number of print servers? \_\_\_\_\_
- 1.2. Number of office locations with print servers? \_\_\_\_\_
- 1.3. Can software be installed on print servers?     Yes  No
- 1.4. Windows print server environment?     2003 (32/64)     2008 (32/64)     Virtual
- 1.5. Network Environment?     Active Directory     Novell     Citrix     Open LDAP
- 1.6. Group policies for print driver distribution?     Yes  No
- 1.7. Application Environment (printing)     Windows     AS400     UNIX     SAP     Other:

### 2. WORKSTATION INFRASTRUCTURE

- 2.1. Number of print/copy users on network? \_\_\_\_\_
- 2.2. Number of client workstations? \_\_\_\_\_
- 2.3. Can print drivers be installed on workstations?     Yes  No
- 2.4. Client workstation environment:

Workstation OS	<input type="checkbox"/> Win XP	<input type="checkbox"/> Win 7 (32)	<input type="checkbox"/> Win 7 (64)	<input type="checkbox"/> Win 8	<input type="checkbox"/> Mac	<input type="checkbox"/> Virtual	<input type="checkbox"/> Other
Quantity							

*Please list all MAC OS versions currently in use at your location that will require print or scanning capabilities.*

Notes:



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## Section 4: SCANNING REQUIREMENTS

### 1. Scan to Email:

Not Applicable

- 1.1. Domain Name: \_\_\_\_\_
- 1.2. DNS Servers: (IP Address) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_
- 1.3. Email Server:  On-Site  Hosted  ISP Provider **IP Address:** \_\_\_\_\_
- 1.4. SMTP Authentication Required?  Yes  No **SMTP User:** \_\_\_\_\_  
*(SMTP password can be provided during install)* **SMTP Password:** \_\_\_\_\_
- 1.5. SMTP Port: # \_\_\_\_\_ **SSL Required?**  Yes  No
- 1.6. LDAP Server:  Yes  No **IP Address:** \_\_\_\_\_
- 1.7. FAX Forwarding  Yes  No **Email Address:** \_\_\_\_\_

### 2. Scan to Network Shared Folder(s):

Not Applicable

- 2.1. Scanning function required:  Shared folder on Server (public)  Home Directory (secure)  
 Shared folder on User's Workstation  
 Google Drive *(may require optional components)*  
 Microsoft SharePoint *(may require optional components)*
- 2.2. Scanning Service / User Account available?  Yes  No **User:** \_\_\_\_\_  
*(User Account password can be provided during install)* **Password:** \_\_\_\_\_

## Section 5: SECURITY REQUIREMENTS

### 1. USER IDENTIFICATION *(may require optional components)*

Not Applicable

- 1.1. User identification/authentication at the MFD  None  PIN Code  Active Directory  SSO
- 1.2. Proximity card technology in use (if applicable)  HID  iClass  Indala  Legic  Mifare  Other
- 1.3. User card information / registration  LDAP  CSV  Self Register  Manual
- 1.4. Will all users be on the same network?  Yes  No *If No, explain:*

### 2. TRACKING & MONITORING *(may require optional components)*

Not Applicable

#### Activity Tracking:

- 2.1. Multi-Functional Device tracking functions  Copy  Print  Scan  Fax  Image Capture
- 2.2. Will printing activities be tracked?  Yes  No *Details:*
- 2.3. Will copy activities be tracked by individual users?  Yes  No *Details:*
- 2.4. Will functional restrictions be deployed?  Color: Print/Copy  Other \_\_\_\_\_

#### Cost Accounting and Budget Tracking:

- 2.5. Will activities be tracked by codes?  No  Department  Billing Code  Other \_\_\_\_\_
- 2.6. How are users associated to tracking codes?  Active Directory  File  Manual  Other:

### 3. SECURE PRINTING *(may require optional components)*

Not Applicable

#### Secured Printing:

- 3.1. Will users print to Mailboxes?  Yes  No *Details:*



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## Section 6: Mobile Solutions

### 1. Mobile Printing

Not Applicable

- 1.1. Mobile Printing via (iOS) **AirPrint?** (Direct to Print)  Yes  No *(may require optional components)*
- 1.2. Mobile Release? (Release to Print)  Yes  No *(may require optional components)*
- 1.3. Mobile Printing via email? (Email to Print)  Yes  No *(may require optional components)*
- 1.4. Other \_\_\_\_\_
- 1.5. File Type(s)  PDF  Word  Excel  PowerPoint  email body  
 other *Details:*

## Section 7: COMMENTS

## Section 8: Scope of Work

This documentation is required by Cell Business Equipment to properly configure the equipment listed above. Any requirements not specifically expressed in this network site survey shall not be assumed as part of the implementation and should not be taken into account to consider the installation successful.

### Limitations of liability

Under no circumstances, including negligence, shall cell business equipment be liable for any incidental, special, indirect, or consequential damages (including lost profits or savings arising out of or relating to this statement of work) even if cell business equipment has been advised of the possibility of such damages.

Initial: \_\_\_\_\_ I authorize Cell Business Equipment to install all necessary software on my network pertaining to the new equipment. I agree not to hold CBE liable or responsible for any possible conflicts or problems with existing network. I agree that I will personally resolve any maintenance, repair or support issues that arise after the installation of the multi-functional print device.

### **Please initial only ONE of the following two items:**

Initial: \_\_\_\_\_ I agree that this installation can be performed on our company's network (server and/or workstation) by CBE staff without my presence.

Initial: \_\_\_\_\_ Do not connect the equipment at this time, I will be present and/or will have an IT admin available for the installation.

*Please reschedule the installation for the following **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_*

Initial \_\_\_\_\_ Four hours are included with the initial installation. Anything over four hours will be billed to the customer at the rate of \$ 180/HR. We will not start working after the four hours until we inform the customer and the customer provides authorization for any additional work needed.

Signature \_\_\_\_\_ When the four hours are up, I authorize CBE to bill me at \$180/HR for the following hours:  
 (1 HR min) \_\_\_\_\_ HRS *(This can be signed at installation time)*

Customer Name:

Signature:

Date:

CBE Representative:

Signature

Date: