

Custom Panel Worksheet

**CHANNEL
VISION**

This is an exclusive complimentary service from Channel Vision.
You may also refer to our auto-quote system online by visiting: <http://www.channelvision.com/autoquote/>

Fax completed forms to 714-424-6510

Project Name: _____ Date: _____

Distributor : _____ Contact: _____

Phone #: _____ Fax #: _____ E-mail: _____

Installer : _____ Contact: _____

Phone #: _____ Fax #: _____ E-mail: _____



RF Outputs

Total TV locations _____

Outputs @ 1-100' _____

Outputs @ 100-200' _____

Outputs @ 200-300' _____

Outputs over 300' _____

Other _____

System Inputs

Antenna _____ HDTV _____

Cable _____ Digital Cable _____ Number boxes _____

Cable Modem ___ yes ___ no

Total modulated sources: _____ (Cameras, VCR, DVD, Sat)

of Modulators: in panel _____ outside the panel _____

of Coax from panel to each TV: _____

of Coax from dish location to panel: _____

Satellite

LNB: ___ Single ___ Dual ___ Quad HDTV _____

of Receivers: _____ Distance of farthest receiver from dish: _____

Use multiswitch to combine local stations? ___ yes ___ no Multiswitch type: ___ active ___ passive

Receivers in a rack: ___ yes ___ no

Application: ___ residential ___ commercial/MDU

IF MDU: # of Floors _____ # of Panel locations _____ Distance from dish to panel _____

Distance of Panel to Receivers: 1-100' _____ 100-200' _____ 200-300' _____ Other _____



Telephones

of Lines in: _____ # of Drops: _____ System type: ___ home run ___ daisy chain

Type of punch block: _____ KSU system: _____

Do you want surge protection? ___ yes ___ no



Telephone Entry System

Doorstation: ___ yes ___ no

Strike release: ___ yes ___ no

Camera at door: ___ yes ___ no

Modulate camera: ___ yes ___ no

Page out: ___ yes ___ no

Data

of Possible computer locations: _____ # of Computers online simultaneously _____

Internet connection type: ___ dial-up ___ cable ___ DSL

Would you like a blank plate to mount the modem inside the panel? ___ yes ___ no

Audio

of Sources: _____ # of Zones: _____ Distance of farthest zone: _____

Local volume control: ___ yes ___ no

Size of power amplifier: _____



Internal Use Only

Info taken by: _____ Layout by: _____ Built: _____ Tested: _____ Shipped: _____

**Do not submit raw data (i.e., floor plans) - a customized system design will not be generated.