



## ShopperTrak Device Site Survey Form v1.6

### Instructions

1. Fill out the appropriate information below. (If field does not pertain to site, please mark N/A)
2. Follow the template provided below for required photos of site.
3. If any questions during the completion of this survey or taking pictures, please call the ShopperTrak Team at NET for assistance - 608-827-2271.
4. When you complete the survey take a separate picture of each page and send to **DSS@nettechnology.com**  
Be SURE to put ONLY the work order number IN Square brackets, on the subject line of the Email. Ex- [1134747]
5. **IMPORTANT:** Site survey and photos must be viewed before scope of work will be considered complete.

### Survey Tech Information

Name: (Please Print) \_\_\_\_\_ How many ShopperTrak full installations have you completed? **0-5** **6-15** **16+**

### Section 1 - Location Information

Survey Date:	ShopperTrak Site ID:		
Mall Name/Location:	Store #:	Suite#	Country:
Address, City, State, Zip:			
Store Phone Number:	Primary Contact Email:		
Primary Contact on Site:	Primary Contact Phone Number:		
Type of Location:	What floor of the mall is the store on:		
G.C. or Other Construction Contact on Site:	Construction Company Name:		
G.C. or Other Construction Contact Phone Number:	What are the hours of access for installation:		

\* Choose from the following options to fill in the Door/Mounting Information Below: see site survey explanation form for clarification if needed

Floor Level: Lower Level, 1st, 2nd, 3rd, (Of the store, not the entire complex)	Ask MGR/GC: How many customer entrances are there? _____ Onsite MGR/GC's first and last name: _____ MGR/GC's signature: _____
Door Type: Single, Double, Gate, Open, Sliding, Revolving	
Door Swing: In, Out, Roll Up, Sliding, Revolving	
Ceiling Type: Drop Tile, Dry Wall, Concrete, Exposed, Wood, Beam	
Means of Mounting: Surface Mount, Angle bracket, Flush-mount enclosure, Conduit Drop	

### Section 2 - Door/Mounting Information

Store Door	Floor Level (See Above)	Door Type (See Above)	Door Gk ing (See Above)	Door Width <i>Measured in INCHES</i>	Door Height <i>Measured in INCHES</i>	Is this a Vestibule Doorway (Y or N)	Distance to Network Rack/Switch (ET)	Ceiling Type at Device Mounting Location	Ceiling Color at Device Mounting Location (See Above)	Ceiling Height at the Doorway (See Below)	Means of Mounting (See Above)
1st											
2nd											
3rd											
4th											

### Device Placement

#### Ceiling Height at the Doorway thresholds

Are there any obstacles centered on the ceiling between the door and 36 inches from any door?

1. Measure the Floor TO Ceiling Height at the following distances IN from the threshold (INCHES) (MUST COMPLETE):	1st Doorway: 0in _____ 12 _____ 24 _____ 30 _____ 36 _____	Yes	No
	2nd Doorway: 0in _____ 12 _____ 24 _____ 30 _____ 36 _____	Yes	No
	3rd Doorway: 0in _____ 12 _____ 24 _____ 30 _____ 36 _____	Yes	No
	4th Doorway: 0in _____ 12 _____ 24 _____ 30 _____ 36 _____	Yes	No

If Yes, state what the obstacles are and the distance from which door in inches.

If Installation Ceiling Height is higher than 20 ft, is there a way to mount the device that would position it within the 9-20 ft. threshold? Please Explain.

2. Means of Mounting: Device should be surface mounted, unless otherwise stated by the GC or on the Work order. If it will be flush mounted, look above the ceiling and confirm there are no obstructions. If you are unsure how you will mount it, contact NET.

Can the Device be surface mounted? **Yes No** If no, please explain how you will mount it and at what height the Device will be mounted.

### NOTES:

### Section 3 - Cable Information

You must make sure you know how to install all home run cables to each device and/or connecting cables between the devices as either one may be required.  
Call NET at **608-827-2271** with any questions.

1. Will union labor be required? (If yes, what Local?)	Yes	No	
2. Will any permits be required?	Yes	No	If Yes, specify permit type:
3. Is store pre-cabled for ShopperTrak?	Yes	No	If no, you will be responsible for running the cable on the day of install.
a) If no, does G.C. have a date that the cable needs to be installed by?			
b) How long is the cable path from the doorway to <b>Network Rack/Switch</b> or office? Please include service loops.			
c) Does cable require it's own means of support or conduit?			
4. What is the highest point between the door and cable room that you must reach?	FT		
5. Is there a Ladder on site tall enough to reach all specified heights?	Yes	No	
a) If yes, how tall?	FT	If no, do you own/have access to a tall enough ladder?	
6. What type of ceiling does the cable need to be ran through?			
7. Do you know how to run the cable without it being exposed?	Yes	No	IF NO, call NET's ShopperTrak team (608-827-2271) immediately to determine solution.
8. Any existing access panels or access points to access the ceiling?	Yes	No	
9. Please circle any of the following that you will need:	Lift	Two Techs	Ladder Rental
a). If you circled any of the above, please explain:	Other		
b). Lift Drop off Location:			
10. Any other special requirements or comments about the cable install:			
11. Is there an existing ShopperTrak Device(s) installed?	Yes	No	
a) If yes, how many?	b) If yes, what is the current mounting height of each Device in inches?		
c) If replacing existing Device(s), will recabling be required?	Yes	No	

### Section 4 - Network Information

\*\*\*\* Note\*\*\*\* Cable needs to be installed to the network switch.

1. Location of network hub/switch?			
2. Are there available network ports on the switch?	Yes	No	NA
3. Is network equipment installed/ operational?	Yes	No	If no, when will it be installed/operational?
4. Is the switch POE capable?	Yes	No	
5. Has the ISP completed their install?	Yes	No	If no, when will ISP establish a connection?
6. Are there available power outlets by the Network?	Yes	No	If yes, how many?
<b>*IMPORTANT: Site survey photos MUST to be emailed to: <a href="mailto:dss@nettechnology.com">dss@nettechnology.com</a> - before logout</b>			
<b>Be SURE to put ONLY the work order number IN Square brackets, on the subject line of the Email. Example: [1134747]</b>			

### Section 5 - Site Photos

Description Types: Doorway #, Network Frame, Demarc, Access Panel, Ceiling Transition, Cable Route, Existing Equipment, Other

View Types: Front, Back, Left, Right, Ceiling

- ☐ 1. Front of Doorway/Doorways from OUTSIDE of store: **Site ID - Doorway - Front.jpg**
- ☐ 2. Back of Doorway/Doorways from INSIDE of store: **Site ID - Doorway - Back.jpg**
- ☐ 3. Ceiling approx. 36 inches back from Doorway, where device will be mounted. **Site ID - Doorway - Ceiling.jpg**
- ☐ 4. Left side of Doorway, as viewed from the right side. **Site ID - Doorway - Left.jpg**
- ☐ 5. Right side of Doorway, as viewed from the left side. **Site ID - Doorway - Right.jpg**
- ☐ 6. Ceiling and any transitions the ceiling takes from Doorway to back office that are in direct line of cable route. **Site ID - Ceiling Transition - Ceiling.jpg**
- ☐ 7. Network frame. Site ID - **NetworkFrame - Front.jpg**
- ☐ 8. Demarc or Demarc extension. **Site ID - Demarc - Front.jpg**
- ☐ 9. If solid ceiling, photos of available access panels. **Site ID - AccessPanel - Ceiling.jpg**
- ☐ 10. If surface raceway is required, photos of the route the raceway will take to get cable to back office. **Site ID - CableRoute - Front.jpg**
- ☐ 11. If replacing existing Device(s), photos of existing mounted equipment. **Site ID - Existing Equipment - Ceiling.jpg**