



Site Survey

Customer Name: _____

Address of Installation: _____

Location of Machine: _____

End User Name: _____

Phone Number of End User: _____

Current Machine Make and Model: _____

New Machine Make and Model: _____

New Make and Model Power Requirements: 15 Amps 20 Amps

Data Drop (New Install) Yes No

Phone Line for Fax (If Applicable) Yes No

Minimum Space Requirements (Found in the PSG or Service Guide): Back _____

Front _____ Left _____ Right _____ (Inches)

Measurements of New Machine Space: Back _____ Front _____ Left _____

Right _____ (Inches)

Will the New Machine Fit in the New Install Area? Yes No