

**T**ECHNICAL **S**ERVICES **G**ROUP, INC.

675-C Progress Center Avenue

Lawrenceville, GA. 30043

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F a x 8 2 2 . 5 6 4 3

W e b s i t e : t s g x r a y . c o m

**Room Alarm Installation Questionnaire**

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

**Location of Installation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Number of Room Alarms to Install:** \_\_\_\_\_

**Do you have all of your room alarms and components? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**New Installation: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**Replacement Installation: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**Number of Beacons: \_\_\_\_\_ Strobe type: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**Type of Beacons on existing room: \_\_\_\_\_**

**Does the existing room have an EMO (RED) kill switch? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**What is the approximate size of the x-ray enclosure? \_\_\_\_\_**

**How many doors are on the enclosure? \_\_\_\_\_**

**What are the approximate sizes of the doors? \_\_\_\_\_**

**Is the existing beacon wiring inside of conduit? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_**

**Room Alarm Installation Questionnaire**  
(continued)

Are the existing beacons accessible with a ladder? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

How many x-ray systems are used in the room? \_\_\_\_\_

What model of x-ray system is currently being used? \_\_\_\_\_

What are the hours of operation in the NDI shop? \_\_\_\_\_

Is it possible to work after hours to complete an installation? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Do the doors have interlocking switches? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

Is there anything special or unusual about the installation site? (YES) \_\_\_\_\_ (NO) \_\_\_\_\_

If "YES", please describe:

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\*\*\*\* There may be additional questions after this form is faxed to TSG.