# SITE SURVEY RESITE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COLLECTION CUSTOMER INFORMATION | | | | | | |
| Customer Name |  | | | | | |
| Address |  | | | | | |
| Model(s) |  | | | | Opening Hours |  |
| Final Location (e.g. Department, floor) |  |
| Contact to call  Phone# |  | | | | On-site Contact  Phone# |  |
| For resites, will the billing address change? | Yes |  | No |  | If Yes, New Billing Address: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COLLECTION AND VEHICLE ACCESS ISSUES | | | | | | |
| Delivery date/s |  | | | | | |
| Height & Width restrictions | Yes |  | No |  | Comments |  |
| Weight restrictions | Yes |  | No |  | Comments |  |
| Parking restrictions | Yes |  | No |  | Comments |  |
| Location of building entry points |  | | | | | |
| Number of steps (e.g. 0 – 10 includes door step) |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Machines to be collected? | Yes |  | No |  | *If no go to pg. 2 Internal access issues section* | | | | |
| Collection serial no. | Same location as resite? | | | | Same date as resite? | | | | If resite date different specify alternative date/s |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADMIN ONLY** | Order Number |  | Click Pack product | | Yes |  | No |  |
| **BRANCH ADMIN** | SOP Number |  | CRM Number |  | | | | |
| **COMMENTS** |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERNAL ACCESS ISSUES | | | | | | | | | | | | | | | | | |
| Lift Available? | | | Yes | |  | | No | |  | | Weight Limit | | | | |  | |
| Stairs (select most similar) | | | | | | | | | | | | | | | | | |
|  | stairs02.gif | | | | L Stairs | | | | | | stairs04.gif | | | | stairs06.gif | | stairs07.gif |
|  |  | | | |  | | | | | |  | | | |  | |  |
| Number of Steps: | | | | | | | | | | | Number of Turns: | | | | | | |
| Flooring (e.g. carpet, uneven floor ramps) | | | | | |  | | | | | | | | | | | |
| Protection required? | | Yes |  | No | |  | | Comments: | | | | | | | | | |
| Access obstructions/hazards (e.g. narrow doorways) | | | | | | | | | | Yes | |  | No |  | | Narrowest width: | |
| Any other hazards/obstructions | | | |  | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Additional Comments |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DELIVERY - CUSTOMER INFORMATION | | | | | | |
| Customer Name: |  | | | | | |
| Address |  | | | | | |
| Model(s) |  | | | | Opening Hours |  |
| Final Location (e.g. Department, floor) |  |
| Contact to call  Phone# |  | | | | On-site Contact  Phone# |  |
| For resites, will the billing address change? | Yes |  | No |  | If Yes, New Billing Address: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DELIVERY AND VEHICLE ACCESS ISSUES | | | | | | |
| Delivery date/s |  | | | | | |
| Height & Width restrictions | Yes |  | No |  | Comments |  |
| Weight restrictions | Yes |  | No |  | Comments |  |
| Parking restrictions | Yes |  | No |  | Comments |  |
| Location of building entry points |  | | | | | |
| Number of steps (e.g. 0 – 10 includes door step) |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Machines to be collected | Yes |  | No |  | *If no go to pg. 2 Internal access issues section* | | | | |
| Collection serial no | Same location as delivery? | | | | Same date as delivery? | | | | If delivery date different specify alternative date/s |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |
|  | Yes |  | No |  | Yes |  | No |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERNAL ACCESS ISSUES | | | | | | | | | | | | | | | | | |
| Lift Available? | | | Yes | |  | | No | |  | | Weight Limit | | | | |  | |
| Stairs (select most similar) | | | | | | | | | | | | | | | | | |
|  | stairs02.gif | | | | L Stairs | | | | | | stairs04.gif | | | | stairs06.gif | | stairs07.gif |
|  |  | | | |  | | | | | |  | | | |  | |  |
| Number of Steps: | | | | | | | | | | | Number of Turns: | | | | | | |
| Flooring (e.g. carpet, uneven floor ramps) | | | | | |  | | | | | | | | | | | |
| Protection required? | | Yes |  | No | |  | | Comments: | | | | | | | | | |
| Access obstructions/hazards (e.g. narrow doorways) | | | | | | | | | | Yes | |  | No |  | | Narrowest width: | |
| Any other hazards/obstructions | | | |  | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Additional Comments |  |

|  |  |
| --- | --- |
| SURVEY COMPLETED BY | SURVEY APPROVED BY SALES MANAGER |
| Print Name: | Print Name: |
| Organisation: | Organisation: |
| Signature: | Signature: |
| Date: . | Date: . |

|  |  |
| --- | --- |
| **Complete For Click Pack** |  |
| Reseller Name: | Email: |
| Contact: | Telephone: |

*Incorrectly completed forms will be rejected*

*For more than six (6) machines complete Multiple Install Sheet*

*For machine re-site complete one (1) form* ***each site***

## GUIDELINES FOR COMPLETING SITE SURVEY FORM

**Delivery and Vehicle Access**

* What size vehicle can access the site?
* Are there weight restrictions for the area?
* What parking is available? (Would a vehicle the size of a fire engine be able to park?)
* How far from the building is the parking?
* In the event that the machine is walked to the building from the parking, what type floor / ground is it? (e.g. smooth tarmac, cobble stones, neat paving slabs, rough paving slabs etc.)?
* Are there stairs to enter the building? How many? Made from?

**Internal Access**

Walk the path that the machine will take to get to the final destination.

* Can the machine fit through all the doors?
* If not sure on the measurements of a machine just **ask.**
* What is covering the floor and stairs (e.g. carpet, wood, marble etc.)?
* What is the maximum weight?
* What are its measurements? Both inside and width of the doorway.
* Is a lift available?
* If no lift, can a stair crawler be used?
* A different type of stair crawler will need to be used if:
* there is carpet on the stairs
* there are runners on the stairs
* the stairs are marble, wooden or steel
* A spiral staircase\*

Stairs with no back require a specific kind of stair crawler so please make sure this is noted.

\*A spiral staircase is any staircase which has at least one 180° turn (i.e. the stairs go back on themselves).

If there is a turn on the stair case you must remember the height of the machine becomes the width of the machine when using a stair crawler.

Measurements to be taken:

1. Smallest width of the stairs
2. Width at the top of the stairs
3. Actual size of landing
4. Width of the stairs at each flight.