

1. Test Specimen Sound Level _____ dBA
2. Interior Dimensions of Chamber Room: _____long x _____wide x _____high
3. Type of Anechoic Chamber: ___Fully Anechoic ___Hemi Anechoic ___Pass/Fail Chamber
4. Ventilation:
 - a) Volume of air for test purpose _____CFM
 - b) Volume of air for equipment purposes _____CFM
5. Electrical Equipment:
 - a) Type of Power _____
 - b) Number of duplex receptacles: _____
6. Lighting: Light Level and/or wattage of fixture: _____
7. Floor required ___ Yes ___ No
8. Isolation: ___Springs (3 Hz) ___Air mounts (1 Hz) ___Pad type (6-8 Hz) ___None
9. Fire Protection: ___Yes ___No
10. CCTV Camera: ___Yes ___No
11. Qty of Doors: _____ Door Size: _____ H x _____W
 Qty of Windows: _____ Window Size: _____ H x _____W
12. Sketch included: ___ Yes ___ No
13. Please give a brief description of the product that will be tested in the chamber and any penetrations to accommodate for: _____

14. Size of the product that will be tested: _____long x _____wide x _____high
15. Ambient Noise Levels near chamber _____ dBA (plant noise levels)
16. L weighted octave band readings of:

	63hz	125hz	250hz	500hz	1000hz	2000hz	4000hz	8000hz
Product								
Plant Noise								

17. Cut-off frequency (desired lowest frequency to test): _____ Hz

Please fax along with checklist to **317.774.1911**.

Name: _____

Address: _____

Company: _____

Phone: _____ Fax: _____

Email: _____