

## Checklist acoustics *and absorbing internals*

### Inquiry form

Please give your specification  
to the boxes below.  
file compatible to Acrobat Reader

sender : \_\_\_\_\_

<u>company:</u>	<input type="text"/>	<u>street :</u>	<input type="text"/>	<u>phone :</u>	<input type="text"/>
<u>PO + city :</u>	<input type="text"/>	<u>E-Mail :</u>	<input type="text"/>	<u>fax:</u>	<input type="text"/>
<u>name of partner :</u>	<input type="text"/>	<u>object :</u>	<input type="text"/>		

### room dimension :

Width ( mm ) :                      Height ( mm ) :                      Length ( mm ):

### constitution of surface?

( plaster, brickwork, concrete, trapezoid metal sheet etc. )

wall 1 – 4 :

wall 1	wall 2	wall 3	wall 4
ceiling	ground		

### room is engaged with

( machines, internals )

drawings available ?

### wich acoustic requirement exists ?

reducing of reverberation time :

reducing of room level :

### Exist acoustic measurement ?

Yes                      No

In case of yes, please send us the figures

**CONTRAST**

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*wich further requirement exists concerning to material, humidity, hygiene etc. ?*

Description

*Would you like to agree a meeting ?*

Yes

No

date ?

Filled in from:

city:

date:

sign: