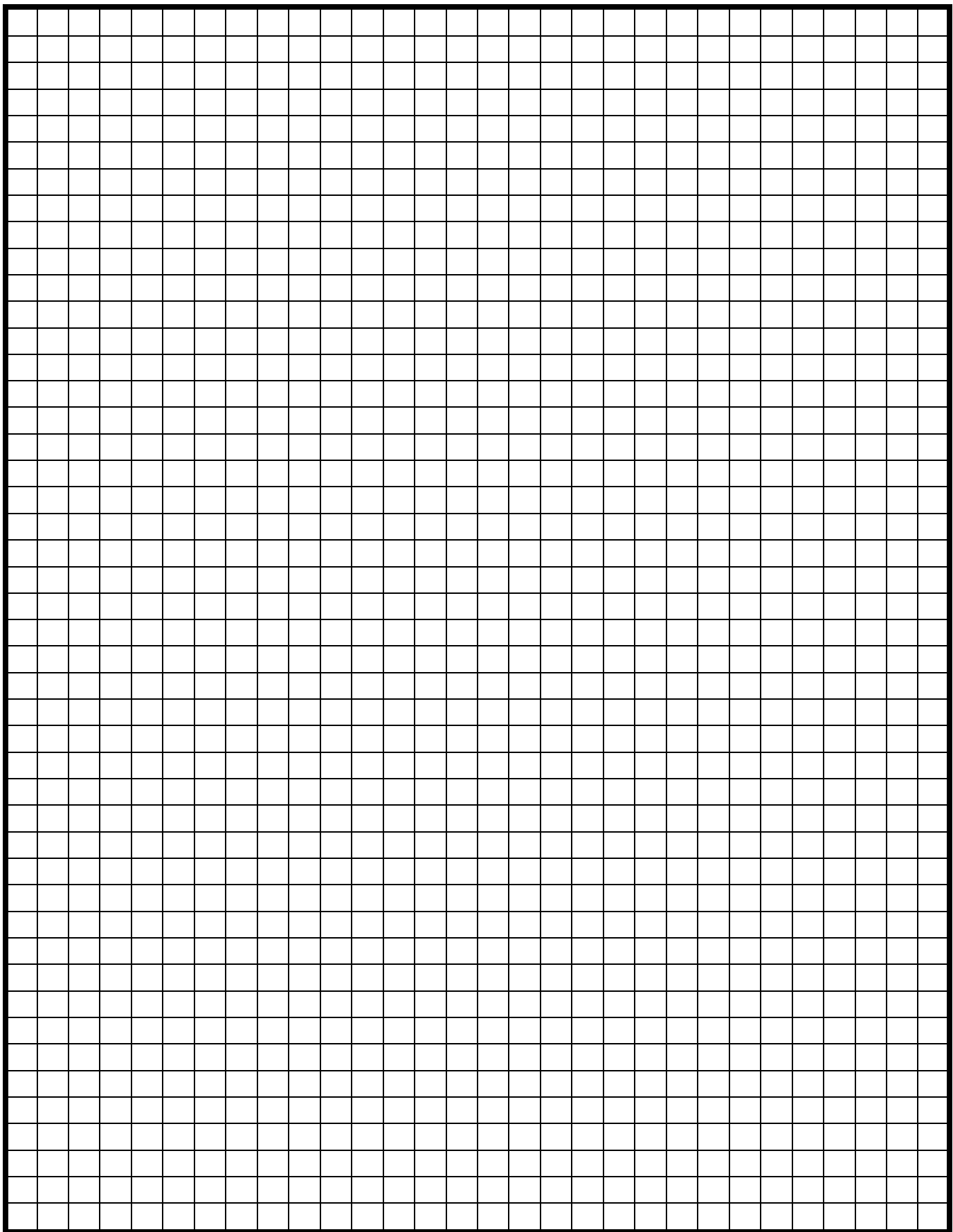




## DSX Site Survey


Date		Customer Name					
Contact Name				Email Address			
Street				City			
State			Zip			Phone	
DVR	Y/N	Elevator Control	Y/N	Photo Badging	Y/N	Time and Attendance	Y/N
<b>Access Control</b>							
Number of Locations							
Communications Method							
Number of Reader Controlled Doors							
Number of Controlled Doors without Readers							
Number of Monitored only Doors							
Number of Egress Devices							
Type of Readers							
Type of Cards							
Type of Egress Devices							
Number of Outputs for other use							
Number of Inputs for other use							
Number of PCs							
<b>Elevator Control</b>							
Number of Elevators Cabs to be controlled							
Number of Floors to be controlled in each Cab							
<b>Photo ID Badging</b>							
Number of Badging workstations							
Type of Image Gathering				<i>File Import / Live Video Capture</i>			
Number and Type of Printers							
<b>Time and Attendance</b>							
Number of Clock in Out Readers							
Number of Time Display Modules							
<b>Digital Video Recorder Integration</b>							
Type of DVR to Integrate with							



Site Map