

### Company Information

Company:	Contact:
Project:	Title:
Type of Business:	Phone:
Email:	Fax:

### Customer Business Operations

What is the fundamental business objective of the project?
How many sites do you have?
How do the sites interrelate to each other?
How autonomous are they?
Are more sites anticipated?
What process is currently being used?
What needs should this system address?
Does the company currently have an internal or external IS department?
Will this project be supported by the IS department?
Are there any budget constraints?
What is the project time frame?

## Software Assessment

What software is currently in use for this application?
What is the current database type?
What are the strengths of the current software?
What are the problems areas with the current software?
What specifically do you need to track?
Will other applications need to be interfaced?
What type of interfaces need to built?
Will the application be used as a single user or enterprise?
Are the currently mobile data collection devices in use?
If yes, manufacturer and model numbers?
How many users are needed?

## Operating Environment Assessment

Server Operating System:	Workstation Operating System:
Server Processor Type:	Workstation Processor Type:
Server System Memory:	Workstation System Memory:
Server Hard Disk Space:	Workstation Hard Disk Space:
Server Hard Disk Space Avail:	Workstation Hard Disk Space Avail:
Server Ports Available:	Workstation Ports Available:
Is Wireless currently available?	
Choose:	
802.11b <input type="checkbox"/>	MEG <input type="checkbox"/>
802.11a <input type="checkbox"/>	<54 Mb <input type="checkbox"/>
802.11n <input type="checkbox"/>	Cisco <input type="checkbox"/>
	902 MHz <input type="checkbox"/>
	>54 Mb <input type="checkbox"/>
	Other <input type="checkbox"/>
	Identify: _____

## Wireless Environment - Continued

Type of AP/Base Radio?

Type of Coverage?	Standard	<input type="text"/>	Overlap	<input type="text"/>	Redundant	<input type="text"/>
Power Over Ethernet?	None	<input type="text"/>	Some	<input type="text"/>	All	<input type="text"/>
Network Topology:	Ethernet	<input type="text"/>	TokenRing	<input type="text"/>	Other	<input type="text"/>

Facility Square Footage Needed To Be Covered?

Inside	<input type="text"/>	How Many Buildings	<input type="text"/>	
Outside	<input type="text"/>	How Many Floors	<input type="text"/>	
Scissor Lift Avail?	<input type="text"/>	Average Ceiling Height	<input type="text"/>	
Safety Equip. Req.?	<input type="text"/>			
Is this an I-Safe Facility? (intrinsically safe)	YES	<input type="text"/>	NO	<input type="text"/>