



OELER INDUSTRIES, INC. PROJECT REQUEST WORKSHEET
 4700 Clairton Blvd., Pittsburgh, PA 15236 - Phone (412) 884-3000 Fax: (412) 884-3300

Quote To: _____ Date _____

Quote Contact: _____ GSA

Address: _____ Non-GSA

City: _____ State: _____ ZIP: _____ Country: _____

E-mail: _____ Phone _____ Fax _____

Project Name: _____

Site Address: _____

Site Contact: _____ Phone Number _____

1. Describe the sound or noise problem:

2. Is paging or background music going to be installed with the sound masking system?
 YES NO

3. What type of area will have sound masking? (check all that apply)

Open Office workstation Call Center
 Private Offices Conference room
 Other (Please specify) _____

4. What is the approximate square footage of the area to be masked? **sq. feet** _____

5. What is the height from floor to ceiling? **feet** _____

6. If there is a ceiling tile, what is the height from the ceiling tile to the deck above? (plenum height) **feet** _____

7. What is the type of ceiling tiles? (check all that apply)

Lay in Drop ceiling Ceiling clouds
 Concealed spline ceiling Sheetrock®/gypsum
 Exposed (Open to above floor/roof)
 Other _____

8. If Open ceiling, do you want painted units?
 YES NO

9. If sound masking units are visible or painted, do you want labels?
 YES NO

10. Is there insulation in the ceilings?
 YES NO

11. Is there asbestos in the ceilings?
 YES NO

12. The area to be sound masked is:
 Retrofit New Construction

13. Installing a new ceiling (if required), will take place:
 Before After sound masking installation.

14. Are there any unusual space conditions or know obstructions in the area above the ceiling?
 YES (specify) _____ No

15. Will you require installation? YES NO

16. The job is: Union Non-Union

17. Are permits required? YES NO

18. When can installation be done?
 Regular hours After normal business hours

19. Target date for project completion? _____

20. When do you need a quote by? _____

21. Please list any miscellaneous items or information
 i.e. Healthcare installation requirements, etc.

Completed by: _____