



Level II Training Room Input Sheet

Date: _____

Host Company _____
 Owner _____
 Address: _____
 City, State, Zip _____
 Day Phone: _____
 e-mail: _____

The HAA will use the information on this form to determine the suitability of the intended training room and system for the On-Site Level II Workshop. In addition, some of this information will be needed to determine in advance the proper acoustical requirements for the intended room.

Equipment List:

	Make/Model					
Pre/Pro	_____	Built in EQ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	THX?	<input type="checkbox"/> yes <input type="checkbox"/> no
Amplifier	_____	Power Output	_____		L C R LS RS LB RB	
Amplifier	_____	Power Output	_____		L C R LS RS LB RB	
Amplifier	_____	Power Output	_____		L C R LS RS LB RB	

	Make/Model			
Speakers (L&R)	_____	Response	Hz to	Hz
Speakers (C)	_____	Response	Hz to	Hz
Speakers (Surrounds)	_____	Response	Hz to	Hz
Speakers (Rear)	_____	Response	Hz to	Hz
Subwoofer	_____	Power output	_____	w
Subwoofer	_____	Power output	_____	w
Subwoofer	_____	Power output	_____	w
Subwoofer	_____	Power output	_____	w

	Make/Model		
Equalizer	_____		
Projector	_____		
Screen	_____	Diag/Aspect	_____
	Make/Model	Acoustic Transp	<input type="checkbox"/> yes <input type="checkbox"/> no

Address of propose training room: _____

 City State Zip

How many students will be attending the workshop (limit of four students)	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
Are the wall surfaces drywall or a hard reflective surface?	<input type="checkbox"/> yes <input type="checkbox"/> no
Can wall coverings, furnishings and drapes be removed for training purposes?	<input type="checkbox"/> yes <input type="checkbox"/> no
If acoustically treated, are you willing/able to temporarily remove the treatments?	<input type="checkbox"/> yes <input type="checkbox"/> no

Are walls and ceiling prone to vibration during loud music play?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there a door which mostly isolates the room from outside noise?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you attached a plan view drawing? (required) <small>(dimensions and exact placement of built-in components and furnishings should be specified)</small>	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there windows or doors on the side walls at or near sonic mirror points?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you attached properly labeled pictures of each wall? (required)	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there a location outside the training room for temporary storage of acoustical treatments and boxes?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is this a clients home? If so Host company must assume liability <small>(Proof of host liability insurance should be attached if room is not host's property)</small>	<input type="checkbox"/> yes <input type="checkbox"/> no
Is all equipment connected and ready to be calibrated?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are any components installed in-wall or are not movable?	<input type="checkbox"/> yes <input type="checkbox"/> no
If Yes above, are extra LCR speakers/stands and 2 subs available for demonstration of calibration principles?	<input type="checkbox"/> yes <input type="checkbox"/> no
As part of the Level II Workshop we will perform an engineering analysis of the existing room are you willing to reinstall built-in items after the Workshop to optimize results (in-wall speakers, seats, etc.)?	<input type="checkbox"/> yes <input type="checkbox"/> no
As part of the process an acoustical treatment strategy will be crafted would you be interested in purchasing the treatments afterward?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have any of the proposed students attended HAA Level I?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are cables and interconnects for subs and speakers extra long to allow for adjustments during listening?	<input type="checkbox"/> yes <input type="checkbox"/> no
If the seating is permanent, is it possible to temporarily remove it for training purposes?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the existing video display temporarily movable for training purposes?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the owner/host company release HAA and it's contractors from liability for any accidental damage or loss directly or indirectly a result of the HAA Level II On-site training event?	<input type="checkbox"/> yes <input type="checkbox"/> no

Please sign affirming that all questions have been answered truthfully by the owner or principal authority for the host.

_____ signature

_____ Date

_____ printed name

_____ Title

_____ Company

_____ Location and state