



Fillable Pre Delivery Site Survey for Connected Device

Date: _____

Customer: _____
Sales Rep: _____
Model Number: _____
Main Contact: _____

Address: _____
Telephone: _____
Email: _____

Account's IT Rep Name: _____

IT rep on staff?

If not on staff, name of IT Company: _____

Phone #: _____ E-Mail Address _____

Any Software Sold: _____

DELIVERY REQUIREMENTS

Is a Certificate of Insurance required by building management to make a Delivery or Pickup? Yes ___ No ___
Delivery Hours _____ Building contact & phone # _____

Will the delivery van be able to drive up to the building / delivery entrance for unloading? Yes ___ No ___
If No, please provide details (example: fence, objects blocking, high traffic area, etc.) _____

Will a stair climber be required? Yes ___ No ___ How many stairs? _____

CONNECTIVITY REQUIREMENTS

Available Active Open Connectors within 7 feet of device location

Ethernet Jack: Yes ___ No ___

Fax phone line jack: Yes ___ No ___

If no, some models are WiFi compatible. WiFi: Yes ___ No ___

Network name _____ Password _____

*****Jack and Cable to be provided by customer*****

Will IT be available during installation? _____

Static IP Address for device assigned by account's IT

IP Address _____ Subnet Mask _____

Gateway _____

DNS Server Address:

Primary: _____

Domain Name: _____

Secondary: _____

Outgoing E-Mail Server (SMTP) address: _____

Reply to Address: _____ (Email address the copier can use)

Does the SMTP require authentication? Yes: ___ No: ___ Port _____ Encryption _____

User name: _____ Password (if necessary): _____

The SMTP is required to enable Scan-to-Email and to allow the MFP to send out meter counts at the end of the month. This will save the time required to call the customer for the meter count.

FACSIMILE SETTINGS

Fax Header Name: _____

Fax Header Phone Number: _____

(Max. 20 characters)

Phone system: Analog ___ VOIP ___

NOTE: VOIP systems may produce inconsistent fax results

Fax Transmission Confirmation Print: Always ___ Never ___ Upon Error ___

Inbound routing? Yes ___ No ___

PC faxing? Yes ___ No ___

Does your phone system require a prefix (such as "9")? _____

Fax speed dial list to be inputted? Yes ___ No ___

If yes, please attach Fax Speed Dial List to be pre-programmed into device before delivery

PRINTING

Choose how you will be printing

Number of PC's _____ number of MAC's _____

Will you be using Airprint? Yes ___ No ___

Will you be using Google Cloud Printing? Yes ___ No ___

How will print drivers be loaded? Local drivers ___ Print server ___

NOTE: Must have administrator logins to install local drivers. IT person required for Print server.

SCANNING

How do you want to implement the scanning feature?

Email: Yes ___ No ___ Provide a list of the email addresses

Network Folder: Yes ___ No ___

IT is to create the shared folder with all permissions. Path: _____

User name: _____ Password: _____

IT to provide User name(s) with write permissions with Password(s) that never expires. Provide a list if more than one.

Sharpdesk: _____ PC's (Sharp devices only)

USER AUTHENTICATION

Set up user authentication to control (color) prints? Yes ___ No ___

If yes, please attach a list of names and 5-digit pin numbers

Do you want any other restrictions? _____

ACTIVE DIRECTORY

Only if you want to connect to your Active Directory

The newer SHARP MFPs can be incorporated as devices in your Active Directory. The copier will need a Device Registration Account that can write to cn=computers. Users will then experience a single sign on. If you would like to implement it for user authentication or for scanning to email or home folders, please supply the following information:

Domain Name _____ Search Attributes _____

MFP User Name _____ MFP Password _____

NOTE: Search attributes must include cn=computers, dc= xxx, dc=yyy, dc=zzz for full domain hierarchy

Will you allow the device to cache user information? Yes ___ No ___

MISCELLANEOUS

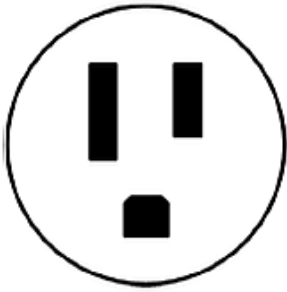
For SHARP devices ONLY, do you want to execute the End of Lease Option (hard drive wipe) on the device being returned? Yes ___ No ___ Not Applicable ___

Are we hauling away your old equipment? Yes ___ No ___

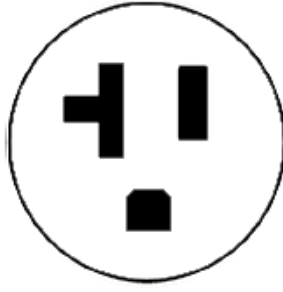
Are there any common copy jobs for which you will want a shortcut created? _____

Is there any other information that the service department should know about?

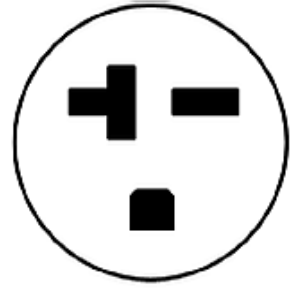
POWER REQUIREMENTS



115 Volt – 15 amp
NEMA 5-15R
Dedicated Circuit recommended



115 Volt – 20 amp
NEMA 5-20R
Dedicated Circuit



220 Volt – 20 amp
NEMA 6-20R
Dedicated Circuit



Check if your outlet matches the necessary requirement. Some equipment require more than one outlet.

- Networked environments require a live network connection and an IT person at the location of the device prior to the arrival of the MAUNAKEA INTEGRATED SOLUTIONS Service Tech
- Server and/or Workstation software installation is the responsibility of the Customer IT staff. MAUNAKEA INTEGRATED SOLUTIONS will assist with the installation and setup of up to five workstations at no additional charge. **For every additional 5 workstations add \$240 to the work order.**
- Any Non-Standard Application Software may not allow the device to utilize all of its features. For example: DOS, UNIX and Mainframe application software. Check with your Service Tech for specific compatibility.
- If the operating environment (as outlined in this document) changes after the date of installation resulting in connectivity or product difficulties, the customer will be charged for all labor incurred at the prevailing rate.
- The customer acknowledges to maintain a current backup of their program and data files to restore any lost data. MAUNAKEA INTEGRATED SOLUTIONS cannot be held responsible for any loss of data.
- Due to the variety of methods used to connect the device to a computer network interface cables are not included. It is responsibility of the customer to provide the necessary interface cables at the time of the installation.
- It is the responsibility of the Customer IT staff to create, configure and manage the required network groups which will have access to the device.
- Providing the information requested and completely filling out this form will prevent some difficulties during installation.

CLIENT NAME _____

SIGNATURE _____

Accepted by _____

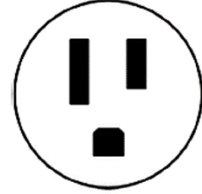
Date _____

Power Requirement Guide

AR-D5133NT or MX-PCS-15D • 120 VAC, 60 Hz, 15 AMP • Dedicated Circuit recommended
No Extension Cords • NEMA 5-15R Receptacle

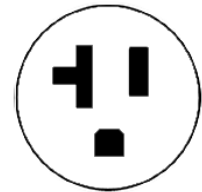
MX-B376W / MX-B476W
MX-B350W / MX-B450W
MX-M2651 / MX-M3051 / MX-M3551 / MX-M4051 / MX-M5051 / MX-M6051
MX-M3071 / MX-M3571 / MX-M4071 / MX-M5071 / MX-M6071

MX--C303/4W
MX-2651 / MX-3051 / MX-3551 / MX-4051
MX-3071 / MX-3571 / MX-4071



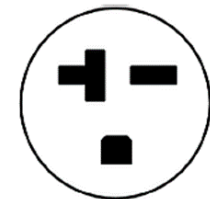
AR-D5143NT or MX-PCS-20D • 120 VAC, 60 Hz, 20 AMP • Dedicated Circuit
No Extension Cords • NEMA 5-20R Receptacle

MX-M7570
MX-5051 / MX-5071 / MX-6051 / MX-6071



MX-E524ZNT or MX-PCS-20820D • 208 VAC, 60 Hz, 20 AMP • Dedicated Circuit
No Extension Cords • NEMA 6-20R Receptacle

MX-M905 / MX-M1055 / MX-M1205
MX-6580N / MX-7580N
MX-7090N / MX-8090N



* Must also provide a 120 VAC, 60 Hz, 15 AMP outlet for finisher for these machines