



# Network Assessment

## Network Site Survey and Assessment Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone Number \_\_\_\_\_

Buyer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

\_\_\_on site \_\_\_off site:

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Server Environment: \_\_\_\_\_

Print Server Environment: \_\_\_\_\_

Workstation OS: \_\_\_\_\_

No of Employee WS \_\_\_\_\_

No of Printers \_\_\_\_\_

Internal use:

Order # \_\_\_\_\_

Model \_\_\_\_\_

Delivery Date \_\_\_\_\_

Sale Rep. \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Prerequisites to installation connectivity.

Y / N \_\_\_ Confirmed Proper site, environment, and electrical power. *see below*

Y / N \_\_\_ Confirmed Active network port at site location. (\_\_\_10 Mb, \_\_\_100 Mb, \_\_\_1000 Mb)

Y / N \_\_\_ Confirmed Network administrator accessible at time of connection.

Complete and send to the following, [it@rabbitoa.com](mailto:it@rabbitoa.com) , or Fax 408-541-8475 attn: IT Dept.



# Network Assessment

## CONNECTIVITY (Required Prerequisites)

### GENERAL NETWORKING

1. \_\_\_\_ User with network administrator authority  
(name and password)  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_ Print Server name and IP address  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_ IP address *reserved* for equipment  
(*reserved* DHCP address required for DHCP environments)  
Y / N  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_ Subnet mask for copier  
\_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_ Gateway address  
\_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_ Domain Name or workgroup name  
\_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_ DNS1 server IP address  
\_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_ DNS2 server IP address \*  
\_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_ DDNS server IP address\*  
\_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_ WINS server IP address\*  
\_\_\_\_\_  
\_\_\_\_\_

\* If applicable

### SCAN TO EMAIL

11. \_\_\_\_ SMTP Server name and address  
\_\_\_\_\_  
\_\_\_\_\_
12. \_\_\_\_ SMTP authentication  
(User Name, User Password)  
\_\_\_\_\_  
\_\_\_\_\_

### SCAN TO FOLDER

13. \_\_\_\_ SMB, FTP, or NCP folder location  
(server and share name)  
\_\_\_\_\_  
\_\_\_\_\_
14. \_\_\_\_ SMB, FTP, or NCP authentication  
(User Name, User Password)  
\_\_\_\_\_  
\_\_\_\_\_

### LDAP\*

15. \_\_\_\_ LDAP server name and address  
\_\_\_\_\_  
\_\_\_\_\_
16. \_\_\_\_ LDAP organization units  
\_\_\_\_\_  
\_\_\_\_\_

### FAX FOWARD\*

17. \_\_\_\_ Forward folder or email address  
\_\_\_\_\_  
\_\_\_\_\_

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attn: IT Dept.