

Room Loop Inquiry Questionnaire

AVW is committed to supporting you and ensuring you have proper equipment. Fill out the form with complete details and site drawing. Submissions will be reviewed promptly, with a response within 3-5 business days. Our technical team may reach out for clarification if needed.

1 Your details	
Name	Company
Phone	Email
2 Project Details	
The room is part of	Project / Site Name
A new building An existing building	
Hearing Loop Room Details	
Are any of the rooms adjacent or directly above or below each other	Yes No
N.B. If you said yes to any of the rooms being adjacent or above/below each other, please include any available scale drawings of the rooms.	
These would be CAD files, .DWG, .DXF, or . PDF format.	
Are there any existing hearing loop systems in close proximity to the rooms? Yes No	
Will occupants be seated, standing or both	
Seated Standing Both	
What is the type of floor covering	
Metal Concrete Wood	Other
What is the type of ceiling	
Removable Solid Wood	Other
Give dimensions of the room(s) in meters	
Length Width Height	
[NOT AREA] If only a section of a room is being looped, provide dimensions of the applicable section(s)	
Section 1 Section 2	Section 3 Section 4
Length Width Height Length Width Height	Length Width Height Length Width Height
What is the building primarily constructed from (i.e. is metal a large cor	
This is the canally primary control access from (not o meets a large con	
3 Audio Equipment	
Is there any existing equipment to be connected to the loop system?	Yes No
Is there a location within the room for the hearing loop equipment	Yes No
to be installed (example: "Equipment rack 19")	
If not, is there a location where the equipment can be installed nearby?	Yes No
Is there power available for hearing loop equipment?	Yes No
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