



VAC IPPBX Pre-Installation Check List

| Customer's Representative Responsible for Installation | |
|--|--|
| Organization Name: | |
| Name of the Contact Person: | |
| Designation: | |
| Mobile Phone: | |
| Email: | |

| | |
|---|-----------------|
| Location of Installation (Complete Address): | |
| Office Number: | Mobile : |

| Product Type: | |
|----------------------|------------------|
| IP-PBX | (Put a ✓ mark) |
| IVR | (Put a ✓ mark) |
| Voice Logger | (Put a ✓ mark) |
| Server | (Put a ✓ mark) |
| PRI Card / Gateway | (Put a ✓ mark) |
| GSM Gateway | (Put a ✓ mark) |
| FXO Gateway | (Put a ✓ mark) |
| FXS Gateway | (Put a ✓ mark) |
| Headset | (Put a ✓ mark) |
| IP Phones | (Put a ✓ mark) |
| Others | |

| Appointment For installation: | |
|--------------------------------------|--------|
| Date : | Time : |

| Installation Type: | |
|---------------------------|------------------|
| Onsite | (Put a ✓ mark) |
| Online | (Put a ✓ mark) |

| Infrastructure Requirements: | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| Rack Space Available | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 230v power Supply | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

| Other Details: | | | | |
|-----------------------|-----|--------------------------|----|--------------------------|
| Power Backup | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| LAN Connectivity | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Agent PC | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Internet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Firewall (Optional) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Public IP(Optional) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

| Trunks: | | | | |
|-----------------------------|-----|--------------------------|----|--------------------------|
| PRI : Lines Status Active | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| GSM : SIM Cards Available | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Analog : Line Status Active | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Others if any | | | | |

| Customization If Any: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------------------------|-----|--------------------------|----|--------------------------|
| Give details: | | | | |
| | | | | |

Note:

- All fields are Mandatory
- Installation can be done only on confirmation of availability of all parameters for installation.

**Authorized Sign with date
(Customer Side)**

Received by:

Name: