

Filling Out The Factory Prefabricated Headend Checklist

- 1. COMPANY NAME:**
Name and address of company that will be billed for the headend purchase.
- 2. CONTACT NAME:**
Person to receive quotation.
PHONE AND FAX NO.:
Telephone numbers of company requesting design. Specify if different than #1.
- 3. PROJECT NAME:**
Name of project this design is for.
- 4. PROJECT LOCATION OR COORDINATES:**
Please be as specific as possible. Provide city, state and additional information such as major cross roads or nearby landmarks (hospitals or airports). Latitude and longitude coordinates (if known) will accurately pinpoint the location. Provide a channel line-up.
- 5. OFF/AIR CHANNELS:**
Please be specific as to which channels are required to be received and distributed.
A. & B. OFF AIR:
VHF or UHF channel's to be received via antenna(s) (Specify channel numbers and desired U/V conversions if applicable).
C. HIGH DEFINITION:
Please specify if HDTV Signals (8VSB) will be used. Specify UHF Channel number or Frequency and desired conversation.
D. TYPE OF ANTENNAS:
Circle single channel or broadband if there is a preference. If antennas are not to be quoted please note. Details on type of antennas that will be used is still required so that these inputs to the headend can be handled accordingly.
Note: If input is CATV feed specify if frequencies are Standard, HRC or IRC. This is important as it has an impact on equipment prices. If not specified, our quotation assumes standard frequencies.
- 6. LOCAL ORIGINATION:**
Channel originating from on site VCR's, compact disk players, character generators or sub-channel modulators (remote origination). Specify either local or remote origination and the desired number of channels for each.
- 7. TVRO RECEPTION:**
Specify desired transponder number(s) and satellite(s) to be received. Desired program services can be used in lieu of transponder numbers (ie: HBO-east, CNN etc.).
- 8. TVRO ANTENNA - TYPE & SIZE:**
Specify antenna(s) desired by either stock number or diameter, feed and mount required. If a dish is not to be included in the quotation please note so by writing "None" or "By Others".
- 9. TVRO RECEIVERS - IRD OR RECEIVER ONLY:**
Specify number of each type of receiver desired (if applicable). Provide details if space is required in the rack/cabinet for customer installed equipment such as stand alone decoders or other non-Blonder Tongue supplied equipment.
- 10. OPEN RACK, FRAME OR CABINET:**
Specify type of rack/cabinet desired. Door options on cabinets are either rear door only, or both front and rear doors. Standard cabinets have only the rear door lockable. A lockable front door is an option which must be specified if required.
- 11. HEADEND OUTPUT FREQUENCY ASSIGNMENTS:**
Standard is assumed, specify if other.
- 12. HEADEND OUTPUT LEVEL REQUIRED AFTER COMBINING:**
Required output level of headend. This is required to ascertain the proper equipment to quote, especially when replacing an old headend that feeds an existing distribution system.
- 13. PLEASE SPECIFY ANY SPECIAL INSTRUCTIONS:**
This is a catch-all for anything not covered above. Specify models if particular products are desired for quotation (ie: OC12, RMDA). Specify any special racking requirements such as blank space required for customer supplied items or future channel expansion.

Factory Prefabricated Headend Checklist

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Maintain original
for future use

1. **COMPANY NAME:** _____
2. **CONTACT NAME:** _____
PHONE AND FAX: _____
3. **PROJECT NAME:** _____
4. **PROJECT LOCATION:** _____
Please provide: City, State, major cross streets and coordinates, if known
5. **OFF/AIR CHANNELS, SIGNAL LEVELS, AND DISTANCE IN MILES:** _____
(A) VHF _____
(B) UHF _____
(C) TYPE OF ANTENNAS?: Single Channel Broadband (check one)
If input is CATV feed, are frequencies: Standard HRC IRC (check one)
6. **LOCAL ORIGATION:** _____
VCR's, Compact Disk Players, Camera, etc.
7. **TVRO RECEPTION:** C-Band Ku-Band C/Ku-Band (check one)
8. **TVRO ANTENNA:** _____
Type & Size
9. **TVRO:** _____
Provide Satellite Transponder & Receiver Type Required
If Receiver Only,
Allow Room for Decoders?: YES NO (check one)
If YES? How Many? _____
10. **EQUIPMENT MOUNTING:** Relay Rack Open Frame(s) Frame(s) + 2 Sides
(check one) Cabinet w/Rear Door
 Cabinet w/Front & Rear Door
11. **HEADEND OUTPUT FREQUENCY ASSIGNMENTS:** Standard HRC IRC (check one)
12. **HEADEND OUTPUT LEVEL REQUIRED AFTER COMBINING:** _____
13. **PLEASE SPECIFY ANY SPECIAL INSTRUCTIONS:** _____

MAIL TO: **APPLICATIONS DEPARTMENT**
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