

Directions for Filling Out TV Design Checklist

**Following the instructions below will avoid delays. Design charges are based upon complexity of the design.
Multiple design approaches and/or changes to initial layout are subject to additional charges.**

1. COMPANY NAME & CONTACT :

Name of company and person requesting design.

2. ADDRESS:

Address of company requesting design.

3. PHONE AND FAX NO.:

Telephone numbers of company requesting design.

4. PROJECT NAME:

Name of project that design is for.

5. PROJECT LOCATIONS:

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.

6. BUDGETARY BOM FOR PREPARING QUOTATION?:

Yes/No answer. Excludes receiving Final System Design (#7) until the bid is awarded. Turn-around time is faster than number 7. The budgetary BOM is a list of components but does not include specific information such as DB values or channel numbers. Final system design and BOM may differ.

7. FINAL SYSTEM DESIGN:

Yes/No answer. Consists of a final schematic diagram and Bill of Materials of the design system.

8. WRITTEN SPECIFICATIONS FOR PROJECT:

Check or circle if Architects written specifications are included with design request. Please note that Blonder Tongue does not write system specifications.

9. CHANNELS TO BE ON THE SYSTEM:

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. LOCAL ORIGINATION:

Channel originating from on site VCR's, Laser disk players, character generators or sub-channel modulators (remote origination). Specify either local or remote origination and the desired number of channels for each.

D. PROGRAMMING VIA SATELLITE:

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.).

E. CATV FEED/NO. CHANNELS:

If the project is to distribute a feed from the local franchised cable company, specify its channel capacity {i.e. 77 ch's (550 MHz)} and channelization scheme (standard, HRC, or IRC). It is very important to obtain the channelization scheme employed, as this has an impact on equipment prices when channels are either moved or deleted for re-insertion of local origination. If not specified, our design assumes standard channel frequency assignments.

10. SITE PLANS*:

Scaled site plans are required when multiple buildings are involved.

A. Scale should be in the neighborhood of 50 feet/inch.

B. Antenna and headend locations must be noted on the drawing.

C. If there is a preferred cable route, please indicate on the drawing. Natural routing obstructions such as hills and ponds may not be reflected in site plans, please note accordingly.

D. Circle if cable is aerial or underground.

E. Indicate manholes and/or pedestal locations on drawing when underground cable is required.

F. Indicate cable to be used (i.e.: RG-11, .412 AL,.500 AL, etc.). If cable size is left up to us just state "open".

11. BUILDING PLANS*:

Scaled floor plans are required to determine cable distances between devices in the distribution system.

A. Scale should be either 1/8 or 1/4 inch per foot.

B. Antenna and headend location must be shown.

C. Outlet locations must be shown. Highlight outlets prior to mailing in.

D. Intended cable routing must be shown (looping, horizontal in corridor or home-run). If cable is installed in conduit, conduit size and routing must be shown on drawing.

E. Indicate type of cable(s) to be used (i.e.: RG-59, RG-6, RG-11 and either standard or plenum rated). If more than one size is used, please make sure you specify what goes where.

** If scaled drawings are not available, riser diagrams/sketches can be substituted provided point-to-point cable distances are indicated.*

TV Design Checklist

PLEASE COPY
Maintain original
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- 1. **COMPANY NAME:** _____
CONTACT NAME: _____
- 2. **ADDRESS:** _____
- 3. **PHONE AND FAX:** _____
- 4. **PROJECT NAME:** _____
- 5. **PROJECT LOCATIONS:** _____
Please provide: City, State,
major cross streets and
coordinates, if known

- 6. **BUDGETARY B.O.M .
FOR PREPARING QUOTATION?:**
Check one.
 YES **NO**

- 7. **FINAL SYSTEM DESIGN:**
*Drawings and B.O.M.? Check one.
Revisions to the final design
may be subjected to engineering fees*
 YES **NO**

- 8. **WRITTEN SPECIFICATIONS
FOR PROJECT:** *Check one.
Architects writing specifications
are included with design request?*
 YES **NO**

- 9. **CHANNELS TO BE ON THE SYSTEM:**
(A) Off Air VHF _____
(B) Off Air UHF Desired Conversions _____
(C) Local Origination: _____
(D) Programming Via Satellite: _____
Provide Satellite Transponder & Receiver Type Required
(E) CATV Feed/No. Channels: _____

- 10. **SCALED SITE PLANS * (MUST INCLUDE THE FOLLOWING):**
(A) Scale of 40 or 50 feet/inch.
(B) Antenna and Headend Locations Indicated.
(C) Preferred cable routing. Building Entry Points and Road Crossings Indicated.
(D) Aerial or Underground.
(E) If Underground, Indicate Manholes or Pedestal Locations
(F) Cable Type

- 11. **SCALED BUILDING PLANS* (MUST INCLUDE THE FOLLOWING):**
(A) Scale of 1/8 or 1/4 inch = One Foot.
(B) Antenna and Headend Location.
(C) Outlet Locations..
(D) Cable Routing or Conduit Runs. (Looping, Horizontal in Corridor or Vertical Risers).
(E) Cable Type.

** If scaled drawings are not available, riser diagrams/sketches must have point-to-point distances indicated.*

**MAIL TO: APPLICATIONS DEPARTMENT,
BLONDER TONGUE LABORATORIES, INC.
One Jake Brown Road, Old Bridge, NJ 08857
Tel. (732) 679-4000 • Fax (732) 679-4353**

Directions for Filling Out 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 that 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. 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, Laser 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-BT 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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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, Laser 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:** _____

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