



Site Survey Form – Pre-Installation Checklist

1. General Information

- **Site Name:** _____
- **Representative / Contact Name:** _____
- **Customer / Contact Name:** _____
- **Etrapp Pro/ Contact Name:** _____
- **Etrapp Pro Setup Complete:** ☐ Yes ☐ No
- **Location:** _____
- **Date:** _____
- **Surveyed by:** _____
- **Customer / Contact Name:** _____
- **Phone Cell Number:** _____
- **Email:** _____

2. Site Overview

- **Facility Type:** ☐ Warehouse ☐ Food Plant ☐ Agricultural ☐ Commercial ☐ Residential
☐ Other: _____
- **Primary eTrapp:** ☐ Residential ☐ Commercial
- **Environmental Conditions:**
 - Temperature Range: _____ °F
 - Humidity Levels: _____ %
 - Dust / Moisture Exposure: ☐ Low ☐ Moderate ☐ High

Notes:

3. Power & Connectivity

- **Power Source Availability:**
 - ☐ 110V AC outlet nearby (distance: _____ ft)
 - ☐ Battery/Solar feasible
- **Connectivity Type:**
 - ☐ LoRa ☐ Wi-Fi ☐ Cellular ☐ Ethernet
- **Signal Strength Test:**
 - RSSI / dBm reading: _____
 - Gateway / Access point proximity: _____ ft / m
 - SSID Name: _____
 - Password: _____
 - _____
- **Interference Sources:**
 - ☐ Concrete / Steel Walls
 - ☐ Refrigeration Units
 - ☐ Electrical Panels
 - ☐ Other: _____

4. eTrapp Placement Evaluation

- **Potential eTrapp Locations:**
 - Area 1: _____
 - Area 2: _____
 - Area 3: _____
- **Evidence of Fall:**
 - Minimum 5 inches required / ability to access bottom: ☐ Yes ☐ No
- **Recommended Mounting Type:**
 - ☐ Vertical ☐ Horizontal ☐ Attic ☐ Closet
- **Obstructions or Hazards Nearby:** _____
- **Installation Environment**
 - ☐ Conditioned Space ☐ Non-Conditioned Space
- **Is the condensate drain plumbed into the sewer?** ☐ Yes ☐ No
- **Is there a float switch in the coil pan?** ☐ Yes ☐ No
- **Is there a secondary overflow pan?** ☐ Yes ☐ No

Notes:

5. Network & Gateway Positioning

- **Gateway Mounting Location:** _____
- **Power Access:** ☐ Yes ☐ No
- **Height / Visibility:** _____ ft
- **Antenna Orientation / Line of Sight:** ☐ Clear ☐ Obstructed
- **Expected Coverage Radius:** _____ ft / m

6. Environmental / Regulatory Factors

- **Chemical Use Nearby:** ☐ None ☐ Moderate ☐ High
- **Cleaning Schedule:** ☐ Daily ☐ Weekly ☐ Monthly
- **Temperature Extremes:** ☐ Yes ☐ No (details): _____
- **Local Compliance Requirements:** ☐ Food Safety ☐ OSHA ☐ EPA
☐ Other: _____

7. Photos & Documentation

- ☐ Site Overview Photo
- ☐ Individual Trap Area Photos
- ☐ Power and Gateway Access Points
- ☐ Obstacles or Interference Zones

8. Final Notes / Recommendations

- **Installer Observations:**

- **Recommended Equipment Count:** _____ eTrapps
- **Gateway Needed:** ☐ Yes ☐ No (Qty: _____)
- **Accessories Required:** ☐ Power Adapter ☐ Mounting Bracket ☐ Signal Extender
☐ Other: _____
- **Estimated Installation Time:** _____ hours

Surveyor Signature: _____

Date: _____