



# Free Large Room Analysis Form

PLEASE PRINT CLEARLY AND USE ONE (1) SHEET PER STUDIO ROOM. Use black pen or dark pencil.  
❶ Fax: 317-842-2760 -or- ❷ Mail To: 6853 Hillside Court, Indianapolis IN 46250

Dealer Name: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

### Facility Info

Facility Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

### Budget (Check one)

- \$1,000 - \$5,000
- \$5,000 - \$10,000
- \$10,000 - \$20,000
- Other: \_\_\_\_\_

### Room Emphasis

- Speech
- Music
- Even Mix of Both

### Type of Music

- Contemporary (e.g. Full Band)
- Traditional (e.g. Organ, Choir, etc.)
- Both

### Type of Room (Check all that apply)

- Sanctuary/Nave
- Multi-Purpose/Gymnasium
- Restaurant
- Dance Studio
- Auditorium
- Club/Venue
- Other

### Is This Facility? (Check one)

- New Construction
- Renovation

### Room Dimensions (Inches or feet)

Length: \_\_\_\_\_  
 Width: \_\_\_\_\_  
 Height: \_\_\_\_\_

**Do you have access to:**     CAD Drawings     Blueprints     Digital Photos

**NOTE:** An Auralex Large Room Analyst Specialist will be contact you to obtain these files.

### Surface Types (Please use back of sheet if more detail is required)

**Walls:**     Drywall/SheetRock®/Gypsum Board     Plaster     Wood Paneling     Concrete (Block or Poured)  
 Brick     Unfinished     Other: \_\_\_\_\_

**Ceiling:**     Drywall/SheetRock®/Gypsum Board     Exposed Joists     Drop Tile Ceiling ("T" bar, "grid", etc.)     Metal Deck/Trusses  
 Other: \_\_\_\_\_

**Floor:**     Carpet     Hardwood     Concrete     Vinyl/Tile     Unfinished Subfloor  
 Other: \_\_\_\_\_

**Capacity:** # of seats \_\_\_\_\_

### Type of Seating:

- |  |        |  |
|--|--------|--|
| <input type="checkbox"/> Pews with...              | — OR — | <input type="checkbox"/> Chairs with...            |
| <input type="checkbox"/> Hard Backs/Hard Seats     |        | <input type="checkbox"/> Hard Backs/Hard Seats     |
| <input type="checkbox"/> Hard Backs/Padded Seats   |        | <input type="checkbox"/> Hard Backs/Padded Seats   |
| <input type="checkbox"/> Padded Backs/Padded Seats |        | <input type="checkbox"/> Padded Backs/Padded Seats |

### Observed or Measured Acoustical Problem(s) (Check all that apply)

- Poor Speech Intelligibility     Excessive Reverberation     Flutter Echo
- Poor Musical Clarity     Feedback     Drums are "Boomy," "Muddy," or too loud
- Lack of Ensemble with Group Singing     Too Dead     Other: \_\_\_\_\_

### Other Details, if any: (e.g. existing treatments, loudspeaker and/or sound system details)

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

