



Specializing in Acoustics, Noise & Vibration Control

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Acoustic Chamber Checklist

1. Test Specimen Sound Level _____ dBA
2. Interior Dimensions of Chamber Room: _____ long x _____ wide x _____ high
3. Type of Anechoic Chamber: ___ Fully Anechoic ___ Hemi Anechoic ___ Pass/Fail Chamber
4. Ventilation:
 - a) Volume of air for test purpose _____ CFM
 - b) Volume of air for equipment purposes _____ CFM
5. Electrical Equipment:
 - a) Type of Power _____
 - b) Number of duplex receptacles: _____
6. Lighting: Light Level and/or wattage of fixture: _____
7. Floor required ___ Yes ___ No
8. Isolation: ___ Springs (3 Hz) ___ Air mounts (1 Hz) ___ Pad type (6-8 Hz) ___ None
9. Fire Protection: ___ Yes ___ No
10. CCTV Camera: ___ Yes ___ No
11. Qty of Doors: _____ Door Size: _____ H x _____ W Window Size: _____ H x _____ W
12. Sketch included: _____ Yes _____ No
13. Please give a brief description of the product that will be tested in the chamber and any penetrations to accommodate for:

14. Size of the product that will be tested: _____ long x _____ wide x _____ high
15. Ambient Noise Levels near chamber _____ dBA (plant noise levels)
16. L weighted octave band readings of:

	63hz	125hz	250hz	500hz	1000hz	2000hz	4000hz	8000hz
Product								
Plant Noise								

17. Cut-off frequency (desired lowest frequency to test): _____ Hz

Please fax along with checklist to **317.774.1911**.

Name: _____

Address: _____

Company: _____

Phone: _____ Fax: _____

Email: _____