

## **ROHN® ANTENNA SUPPORT STRUCTURE QUESTIONNAIRE**

Please complete or check all applicable spaces.

Customer: _____	Telephone No.: _____	Fax No.: _____
Address: _____	City: _____	State: _____ Zip: _____
Tower Site: _____	City: _____	County: _____ State: _____
Customer Contact: _____	Telephone No.: _____	Fax No.: _____

**This structure is for:**    Material Only    Material & Installation by ROHN    Union Labor    Non-Union Labor  
(ROHN assumes normal site & access)

Design assumes normal soil and rigidity per E.I.A., 80% guy radius, and level ground.

**Foundation Installation:**    By Others    By ROHN   Provide sketch or azimuth of one leg \_\_\_\_\_

**Type of Structure:**    Guyed    Self-Supporting    Bracketed    Roof Mounted    Concrete Pole    Steel Pole

**Structure Height:** \_\_\_\_\_ (Feet/Meters)   **Building Code:** \_\_\_\_\_

**Base of Structure:**    Ground    Roof at \_\_\_\_\_ ft. above grade

**Design Load:**    Wind    Basic    Other    Describe \_\_\_\_\_   Ice \_\_\_\_\_

**Operational Load:**   Wind \_\_\_\_\_   Ice \_\_\_\_\_

**EIA Operational Requirements:**    Yes    No    Other   Explain \_\_\_\_\_

**Step Bolts or Ladder:**    None   Quantity: \_\_\_\_\_

<input type="checkbox"/> Inside	<input type="checkbox"/> Face	<input type="checkbox"/> Standard
<input type="checkbox"/> Outside	<input type="checkbox"/> Corner	<input type="checkbox"/> Heavy
<input type="checkbox"/> Step Bolts	<input type="checkbox"/> Leg	<input type="checkbox"/> Other

**Safety Device:**    Rohn-Loc    Other   Explain \_\_\_\_\_

**Obstruction Marking and Lighting:**    None

**Aircraft Warning Lights:**    Yes    No    By Others   Explain \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> FAA  | <input type="checkbox"/> _____ Number of Red/Strobe at Top |
| <input type="checkbox"/> Strobe - White Medium Intensity              | <input type="checkbox"/> Strobe with Conduit               |
| <input type="checkbox"/> Strobe - White High Intensity                | <input type="checkbox"/> Conduit Clamps                    |
| <input type="checkbox"/> Red Lights and Strobe Lights                 | <input type="checkbox"/> Ice Shields                       |
| <input type="checkbox"/> ICAO 240V * (With B1R at Top 151' - 492')    |  |
| <input type="checkbox"/> OBKIT 240V (Double Obstruction Light at Top) |  |
| <input type="checkbox"/> Alarm - Includes Indoor Control              |  |
- (Specify Horizontal Distance Structure to Building \_\_\_\_\_ )  
 \*ICAO Kits with B1R are supplied with transformer and 120V bulbs

**Paint:**    FAA    Factory applied    Sufficient Paint for Field Application

**Vertical Waveguide Support:**    None    Ladder    Brace Brackets    Conduit    Other

Location of Vertical Waveguide Support: (If Preference) \_\_\_\_\_

Note: Unless otherwise indicated above, waveguide ladder on self-supporting MW sections will be mounted on the face of the tower near the tower leg. If center face mounted, additional brackets will be required.

**Waveguide Bridge:** Provide sketch or explanation \_\_\_\_\_

**Platforms:**    Not Required    Required   (Provide elevation and description.) \_\_\_\_\_

**Lighting Protection:**    None

**Lightning Rod Required:**    No    Yes   If yes, quantity \_\_\_\_\_   If yes, extended type?    Yes    No  
 Downlead wire size \_\_\_\_\_

**EIA Grounding:**    Yes    No    Special   Explain: \_\_\_\_\_

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**Antenna Information:** (UHF/VHF mounts must state type of mount and length of side arm, if applicable. Attach a separate sheet if necessary.)

Quantity	Model No., Size and Manufacturer	Freq. *	Elev. (2' TOL. U.N.)	Azimuth if applicable	Antenna Mount Required			No. of Tiebacks	Ice Shield	Lines: Size Model & Qty.
					Yes	No	By Others (Describe)			

\*Frequency of microwave dishes only.

Will ROHN be responsible for coax elbow complex or details?  Yes  No

**The following data is required for special foundation designs:**

- 1) Allowable bearing capacity
- 2) Boring log showing composition and variation with depth
- 3) Water table depth and variation
- 4) Type of foundation recommended (pile, spread footing, mat, etc.)
- 5) Uplift recommendations pertinent to the type or types of foundations recommended
- 6) Consistency of soil:
  - A. Unconfined compression strength of cohesive soil (clay)
  - B. Standard penetration - blows per foot
  - C. Rock quality designation for rock
- 7) Allowable passive pressure in pounds per sq. ft. depth (PSF/FT)
- 8) Backfill considerations
- 9) Factors of safety included in allowable design values

Note:  
 1) Before any soil boring work begins, the soils engineer should contact ROHN for tower reactions, preferred boring locations, and any other data the soils engineer may require.  
 2) A detailed soils report, with proper foundation recommendations, will produce the most economical and safe foundation design.

**Additional information, comments, or special requirements:**

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**Purpose of Tower:** (Check One)  
 Broadcast       CATV       Cellular  
 Land Mobile       Microwave       PCS  
 Wireless Cable       Other (Please Specify) \_\_\_\_\_

**Drawings:**  Are  Are Not Required with Quotation

**Prices requested are:**  For budgetary purposes  Firm (Check One)

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_