

SBC Site Survey Questionnaire Forms

For Design and Deployment of AudioCodes Mediant™ SBC Product Line

This document is intended for the persons responsible for the design and deployment of AudioCodes SBC product, and includes the following SBC Site Survey Questionnaire forms:

- **Sales Site Survey Questionnaire** – to be filled in by the Sales Engineers
- **Deployment Site Survey Questionnaire** - to be filled in by the Field Application Engineers

The purpose of these forms is to record and substantiate the requirements, design, and implementation of the AudioCodes SBC product. While it can be used for any SBC deployment, at a minimum, it should be used for all deployments that meet any of the following criteria:

- Mediant 2600 or higher
- Mediant SE / VE Edition SBCs
- HA SBC
- SBC with any complex design (e.g. multiple products, enhanced routing)

When saving this Word document, please use the following file naming convention:

SBC Design Guide_<Customer>_<Opportunity>_v1.docx

where:

- *Customer* is the customer's name
- *Opportunity* is the name of the opportunity

For example, *SBC_Design_Guide_CocaCola_HQ_v1.docx*.

Sales Site Survey Questionnaire Form

Sales Site Survey Questionnaire	
AudioCodes Respondent	
1. Name	
2. Title / department	
3. Date	
Customer Details	
1. Company name	
2. Company address	
3. Contact name	
4. Contact details	
5. Site deployment address	
Customer Application Requirement	
1. What is the required Enterprise application solution? (Y/N)	<input type="checkbox"/> Microsoft Unified Communications (UC)
	Model (e.g. Lync 2013, Office365 LHPv2):
	Comments:
	<input type="checkbox"/> SIP Trunking
	Service Provider:
	Is there an AudioCodes Interoperability Configuration Guide (Y/N):
	Comments:
	<input type="checkbox"/> Hosted Service
	Which Hosted Service (e.g. UM Office 365):
	PBX Vendor / PBX Model:
	Comments:
	<input type="checkbox"/> IP-PBX to IP-PBX
	PBX Vendor and Model:
	PBX SW Ver.:
	Comments:

Sales Site Survey Questionnaire

	<input type="checkbox"/> Other IP PBXs (e.g., Genesys contact center/Asterisk) Model: _____ Comments: _____
2. What is the required Service Provider application solution? (Y/N)	<input type="checkbox"/> SIP Trunking Softswitch Vendor: _____ AudioCodes Interoperability Configuration Guide: _____ Comments: _____
	<input type="checkbox"/> Hosted PBX/UC PBX Vendor / PBX Model: _____ Unified Messaging Office 365: _____ Comments: _____
	<input type="checkbox"/> Hosted CC CC Vendor / CC Model: _____ Comments: _____
	<input type="checkbox"/> Residential VoIP Services Softswitch Vendor: _____ Comments: _____
	<input type="checkbox"/> Interconnect with other Service Providers Comments: _____
	<input type="checkbox"/> Internal Interconnection Comments: _____
	<input type="checkbox"/> Other Comments: _____
	<input type="checkbox"/> If Yes , what are they used for and must AudioCodes SBC connect to them?
4. What is the multi-tenant SBC approach? (Y/N)	<input type="checkbox"/> One SBC for Multiple Customers
	<input type="checkbox"/> One Virtual SBC per Customer
	<input type="checkbox"/> Hybrid
	<input type="checkbox"/> Not Relevant
	Comments: _____

Sales Site Survey Questionnaire

Technical Requirements

<p>1. Specify the media requirements. (Y/N)</p>	<p><input type="checkbox"/> Audio Transcoding Please specify required coders per IP entity:</p> <p><input type="checkbox"/> Media Translation (e.g. packetization time, payload type) Please specify required translation:</p> <p><input type="checkbox"/> DTMF Transcoding (e.g., in-band to RFC 2833, in-band to SIP INFO) Please specify required DTMF handling:</p> <p><input type="checkbox"/> Fax Transcoding (e.g., Transparent to T.38) Comments:</p> <p><input type="checkbox"/> RTP-SRTP Please specify requirement per IP entity:</p> <p>Other Requirements:</p>
<p>2. From which network will the SBC's management interface be accessed? (Y/N)</p>	<p><input type="checkbox"/> Internal Trusted Network</p> <p><input type="checkbox"/> External Untrusted Network</p> <p>Comments:</p>
<p>3. Provide a high-level description of the routing requirements (such as AD-based routing, ENUM-lookup routing, fax routing, alternative routing)</p>	
<p>4. Will the SBC implement redundancy? (Y/N)</p>	<p><input type="checkbox"/> If Yes, please indicate the type of redundancy:</p> <p><input type="checkbox"/> Network Redundancy (1+1 Ethernet ports)</p> <p><input type="checkbox"/> Full System Redundancy (HA)</p> <p>Comments:</p>
<p>5. IPv4-IPv6 interworking? (Y/N)</p>	<p><input type="checkbox"/></p>
<p>6. Does the customer's third-party server for the Mediant SE / VE SBC comply with AudioCodes' requirements (as stated in the Installation Manual)? (Y/N)</p>	<p><input type="checkbox"/></p> <p>Comments:</p>

Sales Site Survey Questionnaire

Technical Challenges

1. List technical challenges (if any).

AudioCodes Offered Solution

1. List AudioCodes products (with capacity) for each of the customer's site.

	Site	Capacity	Product / SW Version

Comments:

2. Describe the solution and/or provide a high-level network diagram below.

Deployment Site Survey Questionnaire Form

Deployment Site Survey Questionnaire	
Network Topology and Solution	
1. Provide a detailed description of the network topology.	Include all network entities such as: <ul style="list-style-type: none"> ▪ PBX / IP PBX / Softswitch / SIP Proxy server ▪ Routers ▪ Firewalls ▪ External services - DNS, NTP, Management (e.g., EMS) Provide a diagram of the network topology.
2. Does AudioCodes have an Interoperability document for this topology? (Y/N)	<input type="checkbox"/> If Yes , please specify document name:
3. In which network will the SBC be located? (Y/N)	<input type="checkbox"/> DMZ <input type="checkbox"/> WAN <input type="checkbox"/> LAN Comments:
4. How will the SBC be physically connected to the network? (Y/N)	<input type="checkbox"/> Single Ethernet Port to all Networks <input type="checkbox"/> Two Ethernet Ports (one for LAN and one for WAN) <input type="checkbox"/> Ethernet Port Redundancy (1+1) using Dual Ethernet Ports (i.e., Ethernet Port Group) Comments:
5. List the logical IP network interfaces required on the SBC (Media, Control and Management)?	
6. Specify other logical network connection requirements. (Y/N)	<input type="checkbox"/> VLAN-aware Switch <input type="checkbox"/> Traffic Priorities

Deployment Site Survey Questionnaire

Other:

Security Requirements

1. What security methods are required for SBC management? (Y/N)	<input type="checkbox"/> RADIUS Login <input type="checkbox"/> Authorized IP Addresses for Web/Telnet Access <input type="checkbox"/> SNMPv3 Users <input type="checkbox"/> Username and Passwords (not Default) <input type="checkbox"/> HTTPS <input type="checkbox"/> SSH <input type="checkbox"/> TLS Certificates
Comments:	
2. Must any ports or protocols be blocked? (Y/N)	<input type="checkbox"/> If Yes , please specify the ports and/or protocols:
3. Must call classification be implemented? (Y/N)	<input type="checkbox"/> If Yes , please specify the unique call classification characteristics that are required:
4. Must Call Admission Control (CAC) rules be set for VoIP over-subscription? (Y/N)	<input type="checkbox"/> If Yes , please specify the required CAC rules (Admission Control table):
5. Must Layer 3/4 Firewall rules be configured? (Y/N)	<input type="checkbox"/> If Yes , please specify the required firewall rules (Firewall Settings table):
6. Must Layer 5-7 Access List rules be configured? (Y/N)	<input type="checkbox"/> If Yes , please specify the required SIP message blacklist/whitelist rules (SIP Message Policy table):
7. Does the deployment require TLS certification? (Y/N)	<input type="checkbox"/> If yes , please define the Certificate Authority Server (if any) and other TLS certification issues (Trusted Root Certificate):

Interworking Requirements

1. What type of SIP interworking is required? (Y/N)	<input type="checkbox"/> SIP Header Manipulation Please specify required manipulation:
	<input type="checkbox"/> SIP Terminations (e.g., REFER) Please specify required SIP terminations:

Deployment Site Survey Questionnaire

SIP Signaling (Transport)
Please specify the SIP transport type per IP entity (i.e., SIP-over-TLS or SIP-over-UDP):

Other:

Routing Requirements

1. What type of routing is required? (Y/N)

Alternative Routing
Please detail the alternative routing requirement (e.g., for which IP entity, failure reason / SIP error code, and alternative route):

Routing for User-type IP Group
Please detail:

Microsoft Lync Routing
Please detail:

Routing for SIP Trunk Redundancy (or Load Sharing)
Please detail:

Fax Routing
Please detail:

Other:

2. List the IP addresses / FQDNs of all Control and service entities in the network.

	IP Entity	IP Address / FQDN

Capacity and QoS Requirements

1. Specify the required maximum concurrent call sessions?

2. Specify the WAN bandwidth (SLA)?

Deployment Site Survey Questionnaire	
3. Specify the LAN bandwidth.	
4. Does the third-party router provide sufficient packets per second (PPS) based on required coder? (Y/N)	<input type="checkbox"/> Comments:
5. What QoS rules are required for signaling and media? (Y/N)	<input type="checkbox"/> External Router (QoS based on VLAN/IP level) Please provide details:
	<input type="checkbox"/> SBC (QoS based on 802.1p or DiffServ) Please provide details:
Physical Requirements <i>Note: For physical specifications of the SBC, refer to the SBC's User's Manual or Data Sheet.</i>	
1. Does the site provide a suitable power source for SBC? (Y/N)	<input type="checkbox"/> Comments:
2. Must the SBC provide power redundancy? (Y/N)	<input type="checkbox"/> Comments:
3. Where will the SBC be mounted? (Y/N)	<input type="checkbox"/> 19-inch Telco rack
	<input type="checkbox"/> Desktop Comments:
4. Is sufficient cooling provided at the site? (Y/N)	<input type="checkbox"/> Comments: