

Redcare Alarm Monitoring – New Account Form

Please complete and return: fax 0844 415 5555 or email sales@visualverification.com

<p><u>Monitored Site Information</u></p> <p>Site Name:</p> <p>Contact:</p> <p>Address:</p> <p>Tel:</p> <p>Email:</p>	<p><u>Installation Company</u></p> <p>Company Name:</p> <p>Contact:</p> <p>Address:</p> <p>Tel:</p> <p>Email:</p>																																			
<p>Local Fire Station <i>(if applicable)</i></p> <p>Area:</p> <p>Tel:</p>	<p>Local Police Station <i>(if applicable)</i></p> <p>Area:</p> <p>Tel:</p> <p>Intruder Alarm URN:</p> <p>PA Alarm URN:</p>																																			
<p><u>Keyholder Information:</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Priority</th> <th style="width: 30%;">Full Name</th> <th style="width: 25%;">Landline number</th> <th style="width: 20%;">Mobile number</th> <th style="width: 20%;">Password</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>(continue on separate sheet if required)</i></p>		Priority	Full Name	Landline number	Mobile number	Password	1					2					3					4					5					6				
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<p><u>To be completed by Site Contact:</u></p> <p>Name.....</p> <p>Signature.....</p> <p>Date.....</p>	<p><u>To be completed by Installation Company:</u></p> <p>Installation completion date:</p> <p>This system does* / does not* comply with BS 8243. *Delete as applicable</p> <p>Sequential Confirmation? YES [] NO []</p> <p>Name</p> <p>Signature</p> <p>Date</p> <p>Tel</p>																																			

Redcare Information:

Redcare type required: Classic [] GSM []

Line number: Receiver Type : DSP/RX2000/ Other

Block Terminal Required? Yes [] No [] STU:

Alarm Control Panel type: Location of Panel:

<u>Alarm Pins (all positive applied)</u> (Delete as applicable)	<u>Pin Type</u>	<u>Response Procedure Required</u>
Alarm 1 enable / disable	Fire	Tick (if applicable) [] Call site first then Brigade
Alarm 2 enable /disable	PA	[] Call Police
Alarm 3 enable / disable	Intruder Alarm	[] Call site/keyholder
Alarm 4 enable / disable	Open/Close	[]
Alarm 5 enable / disable	Abort	[]
Alarm 6 enable / disable	Zone Omit	[]
Alarm 7 enable / disable	Medical	[] Call ambulance
Alarm 8 enable / disable	Confirmed	[] Call site first, then police & keyholder
Alarm 9 enable / disable		[]
Alarm 10 enable / disable		[]
Alarm 11 enable / disable		[]
Alarm 12 enable / disable		[]
Alarm 13 enable / disable		[]
Alarm 14 enable / disable		[]
Alarm 15 enable / disable		[]
Alarm 16 enable / disable		[]

Operational Schedule

Please indicate times that the alarm system will be set & unset:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Site Open:							
Site Closed:							

Comments

(Please contact the central station for additional holiday/non-standard requirements)

Special requirements

To be completed by Visual Verification

Actual commissioning date:
(if delayed/cancelled etc)


Redcare Order Number:

Redcare Contract Number:

Redcare STU:

Site details complete Name  Date:

Site 'on line' copy to HQ Name  Date:

Contract issued Name  Date: