

Reliable infrastructure through quality and passion

Alarms | CCTV | Access | Data & Phone Cabling

ABN: 35 766 391 953 Security License: 729-155-30S

Alarm Contacts Update Form

Please update the following information and fax it back to BJR Security on Fax: **(03) 9012 4173**

OFFICE USE ONLY

Line Number: _____

Client Voice Code _____

Client Name _____

Site Address _____ Post Code _____

Open & Close Schedule (open and close signals must be programmed in panel)

Mon-Fri Open _____ Close _____ **Sat** Open _____ Close _____ **Sun** Open _____ Close _____

Response Type Please tick one

- 1A Response – Control room will respond to ANY alarms by attempting to contact the listed contacts, if all contacts are unreachable, the control room will try a second time ONLY and will not action any further.
- 1A MULTI Response – Control room will respond to alarms ONLY if two or more zones have gone into alarm and will try to contact the listed contacts, if all contacts are unreachable, control room will try a second time ONLY and will not action any further, no patrols sent.
- 2A Response – Control room will respond to ANY alarms by attempting to contact the listed contacts, if all contacts are unreachable, the control room will dispatch a patrol to site.
- 2A MULTI Response – Control room will respond to alarms ONLY if two or more zones have gone into alarm and will attempt to contact the listed contacts, if all contacts are unreachable, the control room will dispatch a patrol to site.
- 2B Response – Upon ANY alarm activation, the control room will automatically dispatch a patrol to site and will only contact the contacts if there is a genuine problem.

Contacts to be called in response to an alarm activation

1) Name _____ Mobile _____ Home / Work _____

2) Name _____ Mobile _____ Home / Work _____

3) Name _____ Mobile _____ Home / Work _____

4) Name _____ Mobile _____ Home / Work _____

5) Name _____ Mobile _____ Home / Work _____

6) Name _____ Mobile _____ Home / Work _____

Special response instructions _____

I, the client, declare the above is correct and complete and understand all control room response procedures that I have requested.

Name _____ Signature _____ Date _____