



## CUSTOMER FALSE ALARM PREVENTION CHECKLIST

- | Yes | No  |  |
|-----|-----|--|
| ___ | ___ | 1. I have been made aware of the applicable Alarm Ordinance and I will comply with its requirements. <b>YEARLY PERMIT REQUIRED</b>   |
| ___ | ___ | 2. I understand it is <b>my responsibility</b> to prevent false alarms, and I understand it is critical to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system and its operation.   |
| ___ | ___ | 3. I understand that there is a 7-day <b>no dispatch</b> period for INTRUSION alarms, during which time the alarm company will have no obligation to and will not respond to any alarm signal from my alarm site and will not make an alarm dispatch request to the police, even if the alarm signal is the result of an actual alarm event.   |
| ___ | ___ | 4. I received training in the operation of the system, was provided an operating sheet and the security system operating manual.   |
| ___ | ___ | 5. I know what <b>Enhanced Call Verification</b> and <b>Sequential Verification</b> are and it's required for burglar alarm dispatch requests.   |
| ___ | ___ | 6. I know how to test the system and contact the monitoring center.  |
| ___ | ___ | 7. I understand that my entry time is ___ and my exit time is ___.   |
| ___ | ___ | 8. I have the phone number for questions or repair service.  |
| ___ | ___ | 9. I know how to cancel accidental alarm activations and have the system cancellation code or code word.   |
| ___ | ___ | 10. I understand that indoor pets can cause false alarms and I will contact my alarm company if I acquire any additional indoor pets.  |
| ___ | ___ | 11. I understand that the main control panel and transformer are located in _____.   |
| ___ | ___ | 12. I have an alarm sheet, which describes how the alarm company will communicate with me in the event of various alarm signals.   |
| ___ | ___ | 13. I understand the importance of: <ul style="list-style-type: none"><li>▪ keeping my emergency contact information updated and I know how to do this;</li><li>▪ immediately advising the alarm company if my phone number changes (including area code changes); and</li><li>▪ immediately notify my alarm company of any changes to my telephone service such as call waiting, VoIP, DSL or a fax line.</li></ul> |
| ___ | ___ | 14. I will advise the alarm company if I do any remodeling (such as painting, moving walls, doors or windows).   |
| ___ | ___ | 15. I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.   |
| ___ | ___ | 16. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.  |

Comments: \_\_\_\_\_

**ALARM COMPANY NAME**

**CUSTOMER**

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

\_\_\_\_\_  
Installer Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date