

Please return to: [sales@visualverification.com](mailto:sales@visualverification.com)  
Or 0844 415 5555

Monitored Premises Information			
Site Name			
Site Contact Name			
Full Site Address (Inc Postcode)			
☎ Site Telephone		☎ Site Fax:	
Email Address: <i>Required for delivery of Fault Reports, Incident Reports etc.</i>			
Company Registration Number			

Maintenance / Installation Company Information			
Company Name			
Contact Name			
Address (Inc Post Code)			
☎ Telephone		☎ Fax:	
E-mail Address: <i>Required for delivery of Fault Reports, Incident Reports etc.</i>			
Accounts Department E-mail			

Company to be Contracted & Invoiced			
Please tick	Maintenance / Installation Company <input type="checkbox"/>	Site <input type="checkbox"/>	Other <input type="checkbox"/>
Company Name			
Contact Name			
Postal Address (Inc Postcode)			
☎ Telephone		☎ Fax	
Further Information for Purchase Order, if required			
Accounts Department E-mail			
Company Registration Number			

Guarding Company Information			
Company Name			
Contact Name			
Address			
☎ Telephone		☎ Fax	

Intruder Alarm Company			
Company Name			
Contact Name			
Address			
☎ Telephone		Site Reference	

Keyholder Information - Keyholders must live in close proximity to site and able to attend at short notice ( <i>Minimum of 2 required</i> )				
Call Priority	Name	☎ Telephone No	☎ Mobile Number	Password
1				
2				
3				
4				

Authorised Personnel - <i>Minimum of 1 required</i> Please note that only persons named below are authorised to amend this document or request system images.		
Name ( <i>Company if Different</i> )	☎ Telephone Number	Password

Site Local Police Force	
Area:	☎ Telephone Number:

Operational Requirements							
Who will set/unset system?							
Site to set to schedule <input type="checkbox"/>		RVRC to set to schedule <input type="checkbox"/>			RVRC set when authorised <input type="checkbox"/>		
<b>If no set/unset time or schedule is indicated it will be assumed its customer set</b>							
Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Set Time							
Unset Time							
Bank Holiday Schedule			Set		Unset		
Additional holiday or non-standard requirements:							
Camera Patrols (if required)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
Finish Time							
Number of camera patrols required per day:			Frequency of Patrols:			Duration of Patrols:	

Response Procedure (Please number in order for response)	
<b>Example</b>	Audio <b>1</b> Keyholder <b>3</b> Police <b>4</b> Guarding Company <b>2</b>
<b>Theft:</b>	Audio <input type="checkbox"/> Keyholder <input type="checkbox"/> Police <input type="checkbox"/> Guarding Company <input type="checkbox"/>
<b>Duress:</b>	Audio <input type="checkbox"/> Keyholder <input type="checkbox"/> Police <input type="checkbox"/> Guarding Company <input type="checkbox"/>
<b>Criminal Vandalism:</b>	Audio <input type="checkbox"/> Keyholder <input type="checkbox"/> Police <input type="checkbox"/> Guarding Company <input type="checkbox"/>
<b>Unauthorised Access:</b>	Audio <input type="checkbox"/> Keyholder <input type="checkbox"/> Police <input type="checkbox"/> Guarding Company <input type="checkbox"/>
<b>This may be subject to local authority procedures. You will need to check with them.</b>	

Transmission Equipment	
Adpro/Xtralis <input type="checkbox"/> Dedicated Micros <input type="checkbox"/> Heitel <input type="checkbox"/> Hikvision <input type="checkbox"/> Videcon <input type="checkbox"/>	
<b>Model Type:</b>	
Other <input type="checkbox"/> Manufacturer:	Model Type:
Heitel Equipment Serial No:	
Line Type:	Broadband <input type="checkbox"/> ISDN <input type="checkbox"/> ISDN 2 <input type="checkbox"/> Other <input type="checkbox"/>
Telephone Number:	IP Address:
Port No:	<b>Number of Cameras:</b>
Site ID:	<b>Password:</b>
<b>Other Info:</b>	

**Camera Information**

Please attach an overview site plan detailing the position of the cameras and camera numbers

Site Plan enclosed Yes ( ) No ( )

Camera	PTZ/Dome/Fixed	Colour /Mono	Alarm	Enabled	Alarm Type
1			Input 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
2			Input 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
3			Input 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
4			Input 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
5			Input 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
6			Input 6	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
7			Input 7	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
8			Input 8	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
9			Input 9	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
10			Input 10	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
11			Input 11	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
12			Input 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
13			Input 13	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
14			Input 14	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
15			Input 15	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>
16			Input 16	Yes <input type="checkbox"/> No <input type="checkbox"/>	NO <input type="checkbox"/> NC <input type="checkbox"/>

**To be completed by Maintenance Company / Installer**

This system does  does not  comply with BS 8418:2015 (Please tick as applicable)

Police Unique Reference Number(s)	
Name	
Date	
☎ Telephone:	

**To be completed by the Client**

Monitoring Commencement Date:	
Name:	Signature:
Date:	☎ Telephone:

Visual Verification Use Only	
Commissioned date	
Put online in Monitoring Station by	
Site Details Complete	Yes <input type="checkbox"/> No <input type="checkbox"/> If No ask Installer for what is still required
Contract Issued By	
Contract Number	
Contract Start Date	

Additional Important Information
<p><i>Example 1: Cleaner on site between 9pm and 10pm.</i></p> <p><i>Example 2: Milkman delivers between 4am and 6am.</i></p>