

Digicom Alarm Order Form

Fax back to: 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>Postcode:</p> <p>Tel:</p> <p>Fax:</p> <p>Email:</p>	<p><u>Installation Company</u></p> <p>Company:</p> <p>Contact:</p> <p>Address:</p> <p>Postcode:</p> <p>Tel:</p> <p>Email:</p> <p>Purchase Order no:</p>																																				
<p>Local Fire Station <i>(if applicable)</i></p> <p>Area:</p> <p>Tel:</p>	<p>Local Police</p> <p>Area:</p> <p>Tel:</p> <p>URN No.</p>																																				
<p><u>Keyholder Information</u></p> <p style="text-align: center;"><u>YOU MUST PROVIDE A MINIMUM OF TWO KEYHOLDERS</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">priority</th> <th style="width: 20%;">Contact Name</th> <th style="width: 20%;">Telephone number</th> <th style="width: 20%;">Mobile number</th> <th style="width: 20%;">Password</th> <th style="width: 10%;">Usercode</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		priority	Contact Name	Telephone number	Mobile number	Password	Usercode	1						2						3						4						5					
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<p><u>Completion Dates</u></p> <p>Final commissioning date:</p> <p>Engineer test:</p>	<p><u>Additional Comments -</u></p>																																				
<p><u>Monitored Site Information</u></p> <p>Completed By:</p> <p>Name.....</p> <p>Signature.....</p> <p>Date.....</p> <p>Contact Tel:.....</p>	<p><u>Installation Company</u></p> <p>This system does* / does not* comply with BS 8243. *Delete as applicable</p> <p>Sequential Confirmation? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p> <p>Completed By</p> <p>Name.....</p> <p>Signature.....</p> <p>Date.....</p> <p>Contact Tel:.....</p>																																				

Equipment : DIGICOM

Receiver Type : DSP/RX2000/ Other

Line number:

Alarm Control Panel type:

Alarm Pins (all positive applied):

(Delete as applicable)

Pin Type:**Response Procedure**

Alarm 1 enable / disable
 Alarm 2 enable / disable
 Alarm 3 enable / disable
 Alarm 4 enable / disable
 Alarm 5 enable / disable
 Alarm 6 enable / disable
 Alarm 7 enable / disable
 Alarm 8 enable / disable
 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 Requirements

(Please indicate times to set & un-set the system)

Schedule:	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Open:							
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)**Site details complete** ✍**Site 'on line' copy to HQ** ✍

Sign & print name

Date:

Contract number:

Issued by ✍

Date:

For completion, if your Customer has a notable medical history, we can pass this on to the Ambulance Service in the event of receiving a confirmed Medical Alarm.

To be completed by the Resident	
Medical Condition(s): e.g. Asthma, Heart Condition etc	
Medication:	
Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Inhalers <input type="checkbox"/> Oxygen <input type="checkbox"/> Warfarin <input type="checkbox"/>	
Aspirin <input type="checkbox"/> GTN Spray <input type="checkbox"/> Morphine <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/>	
Location of Medication:	
Doctors Surgery:	
GP's Name:	
Address	
Address	
City/Town	Postcode:
☎ Daytime:	
☎ Out of Hours:	
Monitoring Commencement Date:	

In order for the Visual Verification Ltd to carry out all its functions, relevant data may be disclosed, as deemed necessary, to emergency services responding to an alert from your property or to any of the Respondents who have been authorised above.

You must advise us in writing if there is any change in your circumstances.

- I hereby declare that I have included any material fact in this document which would affect any response initiated by Visual Verification on receipt of an alert from my premises.
- I consent to Visual Verification disclosing medical/personal data to the emergency services or to persons authorised above in the event of an emergency alert from my system.
- I declare that all statements and information provided in the application are to the best of my knowledge and belief true and complete.

Resident Name:		Signature:	
Date:			

Please note that telephone calls may be monitored and recorded to help staff training, customer service and for security purposes.