

Redcare 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>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> <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: 30%;">Full Name</th> <th style="width: 20%;">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>		Priority	Full Name	Landline number	Mobile number	Password	1					2					3					4					5					6				
Priority	Full Name	Landline number	Mobile number	Password																																
1																																				
2																																				
3																																				
4																																				
5																																				
6																																				
<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. <small>*Delete as applicable</small></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:

Alarm Pins (all positive applied)

(Delete as applicable)

Pin Type**Response Procedure Required**

Tick (if applicable)

Alarm 1 enable / disable	Fire	[]	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 Number: Date Contract issued:

Contract 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.