

**Redcare Secure Alarm Order Form**

Fax back to: 0844 415 5555 or email: [sales@visualverification.com](mailto:sales@visualverification.com)

<p><b><u>Monitored Site Information</u></b></p> <p><b>Site Name:</b></p> <p>Contact:</p> <p>Address:</p> <p>Tel:</p> <p>Email:</p>	<p><b><u>Installation Company</u></b></p> <p><b>Company Name:</b></p> <p>Contact:</p> <p>Address:</p> <p>Tel:</p> <p>Email:</p>																																			
<p><b>Local Fire Station</b> <span style="float: right;"><i>(if applicable)</i></span></p> <p>Area:</p> <p>Tel:</p>	<p><b>Local Police Station</b> <span style="float: right;"><i>(if applicable)</i></span></p> <p>Area:</p> <p>Tel:</p> <p>Intruder Alarm URN:</p> <p>PA Alarm URN:</p>																																			
<p><b><u>Keyholder Information:</u></b> <span style="float: right;"><b><u>YOU MUST PROVIDE A MINIMUM OF TWO KEYHOLDERS</u></b></span></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				
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<p><b><u>To be completed by Site Contact:</u></b></p> <p>Name.....</p> <p>Signature.....</p> <p>Date.....</p>	<p><b><u>To be completed by Installation Company:</u></b></p> <p>Installation completion date: .....</p> <p>This system does* / does not* comply with BS 8243. *Delete as applicable</p> <p>Sequential Confirmation? YES [    ] NO [    ]</p> <p>Name                    .....</p> <p>Signature              .....</p> <p>Date                     .....</p> <p>Tel                        .....</p>																																			

**Redcare Secure Information**

Recare Secure Type Required      Secure 2 [   ]      Secure 3 [   ]      Secure IP [   ]  
 System Type:    Fire [   ]      Security [   ]      Other [   ]      Other Reason \_\_\_\_\_

Successful GPRS Signal Strength Test from site? [   ]  
 The service cannot be connected if there is insufficient signal strength on-site.

Line Number:      Receiver Type: DSP/RX2000/ Other

Alarm Control Panel type:      Location of Panel:

Location of master socket for broadband:

<u>Alarm Pins (all positive applied)</u> (Delete as applicable)	<u>Pin Type</u>	<u>Response Procedure Required</u>
		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:




	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Site Open:</b>							
<b>Site Closed:</b>							

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:
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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"/>			
<b>Location of Medication:</b>			
<b>Doctors Surgery:</b>			
<b>GP's Name:</b>			
<b>Address</b>			
<b>Address</b>			
<b>City/Town</b>		<b>Postcode:</b>	
☎ 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.

<b>Resident Name:</b>		<b>Signature:</b>	
<b>Date:</b>			

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