Appendix A:

INSTALLER FALSE ALARM PREVENTION PROGRAM CHECKLIST

Yes   No

___ ___   I confirmed that the control panel has been programmed so that:

___ ___   It will not transmit more than ____ alarm signals from the same zone until manually restored at the premises. (Recommend no more than two.)

___ ___   It will delay at least fifteen seconds before initiating dialing on intrusion alarm signals.

___ ___   It has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended).

___ ___   A cancel code can be entered by the customer to cancel accidental alarms.

___ ___   I verified that police and fire panic buttons cause a siren or speaker to sound and that medical panic buttons cause an audible signal.

___ ___   I verified that the keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered.

___ ___   I installed and tested standby/backup power.

___ ___   I reviewed the "Customer False Alarm Prevention Checklist" with the customer.

___ ___   I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialing and monitoring center verification.

___ ___   I made sure the control panel was properly grounded.

___ ___   I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacturer's installation instructions.

___ ___   I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions.

___ ___   All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, other heat sources, and harsh environments. I followed the manufacturer's installation instructions.

Comments: _____
_____
_____

ALARM COMPANY   INSTALLATION TECHNICIAN

_____   _____

                                                                          Print Name

                                                   _____

                                                   Signature   Date