

Appendix B:

**CUSTOMER FALSE ALARM PREVENTION CHECKLIST**

| Yes | No  |   |
|-----|-----|---|
| ___ | ___ | I have been trained in the proper operation of the system.  |
| ___ | ___ | I have been given a summary operating sheet.  |
| ___ | ___ | I have been given the security system operating manual.   |
| ___ | ___ | I know how to cancel an accidental alarm activation.  |
| ___ | ___ | I have the cancellation code.   |
| ___ | ___ | I know how to turn off motion detectors while leaving other sensors on.   |
| ___ | ___ | I know how to test the system, including the communication link with the monitoring center.   |
| ___ | ___ | I understand the length of the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premises.   |
| ___ | ___ | I have the alarm company phone number to request repair service or to ask questions about the alarm system.   |
| ___ | ___ | I have been offered the option of a training/no dispatch period.  |
| ___ | ___ | I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system if I acquire any additional indoor pets.  |
| ___ | ___ | I know where the main control panel and transformer are located.  |
| ___ | ___ | I have received an alarm sheet which describes how the alarm company will communicate with me in the event of various alarm signals.  |
| ___ | ___ | I understand the importance of keeping my emergency contact information updated and I know how to do this.  |
| ___ | ___ | I understand the importance of immediately advising the alarm company if my phone number changes (including area code changes).   |
| ___ | ___ | I understand the importance of any other changes to my telephone service such as call waiting or a fax line.  |
| ___ | ___ | I have been made aware of the alarm ordinance, if any, that governs the operation of system and I will comply with applicable requirements (permits, fees, etc.)  |
| ___ | ___ | I will advise the alarm company if I do any remodeling (such as extensive painting, moving walls, doors or windows)   |
| ___ | ___ | I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power, and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.  |
| ___ | ___ | The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.   |
| ___ | ___ | I understand it is my responsibility to prevent false alarms and I understand it is critical and my responsibility to assure that all users of the system (such as residents, employees, guests, cleaning people, and repair people) are trained on the proper use of the system. |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALARM COMPANY

CUSTOMER

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature