

MONITORING SERVICES AGREEMENT – Customer
SCHEDULE 1 – Fire Alarm Connection Application Form

Protected Premises: Relates to each area protected by a Fire Alarm system (PFA)

Building Name:	
Physical Address: (Location of Mimic)	<i>Unit or level</i> <i>Street Name & N^os</i> <i>Suburb</i> <i>Town/City</i>
CTU Configuration:	Separately Mounted <input type="checkbox"/> Internal to Fire Alarm Panel <input type="checkbox"/>
CTU N ^o (AFAM)	<i>Allocated by AFAM Office</i>

Line Grabber:

Is a PSTN line installed?

Yes No*

**The AFAM alarm monitoring equipment utilizes ("grabs") an existing analogue PSTN line as a back-up path in the event of failure of its primary communications (e.g. Vodafone's GPRS). It is recommended that this safeguard be used. If the customer chooses not make a PSTN line available for this purpose, they must complete form "Notification and Acknowledgement of non- PSTN Use."*

AFAM Contracting Company:

Company Name:	
Phone:	
Fax:	
E-mail:	
Contact Name:	
Signature:	

Fire Alarm Service Agent: (If different from above)

Branch:

Phone:

Testing Agent: (If different from above)

Phone:

Call-out Agent: (If different from above).....

Phone:

Monitored Fire Alarm Connections:

PFA N ^o (AFAM allocated)	SGD N ^o	Type ¹	Equipment Monitored	Description ²	Location of Fire Alarm Panel (Display) or Sprinkler Valve house etc
<i>e.g.</i>	<i>1</i>	<i>M</i>	<i>DBA</i>	<i>Sprinkler</i>	<i>Basement at rear of building</i>
<i>e.g.</i>	<i>9</i>	<i>n/a</i>	<i>Pertronic P1</i>	<i>Smoke and Manuals</i>	<i>Main entrance off "???" street</i>

¹ M=Multi-drop, NM= Non-Multidrop

² Common Descriptions: See AFAM Website for more

03	Auto: Heat Detectors + Manual Call Points	04	Auto: Smoke Detectors + Manual Call Points
06	Auto: Sprinklers + Manual Call Points	07	Auto: Sprinklers + Smoke Detectors + Manual Call Points
21	Gas Flood	22	Gas Detection

MONITORING SERVICES AGREEMENT – Customer
SCHEDULE 1 – Fire Alarm Connection Application Form (cont'd)

Building Occupier:

Name:	
Postal Address:	<i>Number/Flat</i> <i>Street Name & N^os</i> <i>Suburb</i> <i>Postcode</i> <i>PO Box/Private Bag</i> <i>Town/City</i>
Contact Person:	
Designation	
Mobile:	
Phone:	
Fax:	
E-mail:	

Key-holders:

Contact Persons: If after-hour's access or information is required (in order of priority)			
Name	Phone	Mobile	Comments

Building Owner or Authorised Agent:

Building Owner or Authorised Agent:			
Postal Address:			
Phone:			
Fax:			
E-mail:			
Signature:		Name:	

Certifying Company:

Contact Person: Branch:

Phone No:

Certificate of Compliance: Attached? Yes

Certificate Number:

Local Brigade Approval: Panel and layout obtained? Yes

Connection Date:

Date of Last Test:

Date of Last Survey: