

MONITORING SERVICES AGREEMENT – SCHEDULE 1

Fire Alarm/Sprinkler Fire Service Connection Application Form



(Fire Alarm INSTALLER TO COMPLETE)

Protected Premises: Name and address of building to be monitored by the Fire Service

Building Name:			
Building Address:			
Suburb:		Town/City	
Building Occupancy (eg: retail, apartments, commercial):			

Fire Alarm/Sprinkler Installation Contractor or Fire Alarm/Sprinkler Service Agent

Company Name:			
Postal Address:			
Suburb:		Town/City:	
Contact Name or Project manager:		Phone:	
Fax:		Mobile:	
E-mail:			

Is the Service/Testing contractor Different? Yes No

Service testing Company Name:		Phone:	
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CTU Configuration:

CTU Configuration:	Separately Mounted <input type="checkbox"/>	Internal to Fire Alarm Panel <input type="checkbox"/>
CTU Location If Separate:		
Certifying Company:		
Connection Date required		
Physical Address CTU to be sent to:		

Monitored Fire Alarm Connections:

PFA N° (AFAM to allocate)	Manufacturer or Equipment Monitored	Type of System e.g. Sprinkler, Manual, Smoke System ²	Location of Fire Alarm Panel (Mimic) or Sprinkler Valve house etc.

T2	Manual Call Points	T3	Heat Detectors + Manual Call Points
T4	Smoke Detectors + Manual Call Points	T5	Sprinklers or Heat Detectors + Manual Call Points + Local Smoke Detectors
T6	Sprinklers + Manual Call Points	T7	Sprinklers + Smoke Detectors + Manual Call Points
T21	Gas Flood	T22	Gas Detection