



# Alarm System Inspection Report - By-Law No. 7111

**Important:** Prior to beginning any inspection work on the alarm system, please notify the monitoring station that the alarm system is being tested.

This document is required by law in order to process an Appeal Application or reinstate a suspended permit, and must be filled out by a qualified alarm technician. The technician will evaluate the quality of the system components and standard of installation to determine the system's ability to operate without causing false alarms from electronic failure or malfunction.

## ALARM INSPECTION DETAILS:

Alarm Permit #: \_\_\_\_\_

Permit Holder Name: \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

(Must be completed)

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Alarm System Installation \_\_\_\_\_

Make/Model of Control Panel: \_\_\_\_\_

## ALARM INSPECTION INFORMATION

Inspector/Technician: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Security Employee File #: \_\_\_\_\_ TQ#: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

By: Invoice / Work Order / Estimate (circle one)

### Circle the problems(s) identified as result of your inspection. Consider the following common causes of false alarms.

- a) Equipment malfunction
- b) Monitoring station fault
- c) Service / maintenance
- d) System design
- e) System installation standards
- f) Telephone line fault
- g) User error

Yes  No  Have all zones been tested?

Yes  No  For monitored alarms, is the transmission of event codes to the monitoring station correct?

Yes  No  Is the time delay for entry and exit sufficient for false alarm free operation?

Yes  No  Is the alarm system currently capable of operating without causing excessive false alarms?

Yes  No  Is the monitoring center phone number/cancel code known to users in the event of an error?

Yes  No  Is the Key Holder Reference/ Guard Service information current and correct?

### Note to Alarm Inspector:

If the alarm system or the users of the alarm system are not currently capable of operating the alarm system without causing excessive false alarms - indicate on additional pages, the specific problem(s) that are, or could be, the cause(s) of excessive false alarms from this system. The problems identified on this report, or on attached pages to this report, have been corrected to my satisfaction and that the corrections are likely to reduce or eliminate false alarms from this security alarm system.

### Note:

Reinstatement, issuance, or refusal to issue an alarm permit pursuant to this inspection report in no way constitutes a representation or warranty by the City of Vancouver / Vancouver Police Department as to the effectiveness or otherwise of the alarm system. Please forward this completed form to Alarm Permit, PO Box 7878, Vancouver BC V6B 4E2, or email to [FARP.VPD@vpd.ca](mailto:FARP.VPD@vpd.ca)

**Attach work orders, purchase orders, receipts, user instruction information, signatures of system-trained users, etc., as proof of the above.**

Signature: \_\_\_\_\_

**Alarm Inspector/Technician**