

City of Gainesville's Alarm Operator False Alarm Prevention Checklist and Acknowledgement Form

YES NO N/A (Check One)			
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have been instructed in the proper operation of the alarm system.
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have been given a summary-operating sheet for the alarm system.
3.	<input type="checkbox"/>	<input type="checkbox"/>	I know how to cancel an accidental alarm activation.
4.	<input type="checkbox"/>	<input type="checkbox"/>	I have the cancellation code for the system.
5.	<input type="checkbox"/>	<input type="checkbox"/>	I know how to turn off motion detectors while leaving other sensors on.
6.	<input type="checkbox"/>	<input type="checkbox"/>	I know how to test the system, including the communication link with the monitoring center.
7.	<input type="checkbox"/>	<input type="checkbox"/>	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.
8.	<input type="checkbox"/>	<input type="checkbox"/>	I have the alarm company phone number to request repair service or to ask questions about the alarm system.
9.	<input type="checkbox"/>	<input type="checkbox"/>	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.
10.	<input type="checkbox"/>	<input type="checkbox"/>	I know where the main control panel and transformer are located.
11.	<input type="checkbox"/>	<input type="checkbox"/>	I have received an alarm sheet that describes how the alarm company will communicate with me in, the event of various alarm signals.
12.	<input type="checkbox"/>	<input type="checkbox"/>	I understand the importance of keeping my emergency contact information updated and I know how to do this.
13.	<input type="checkbox"/>	<input type="checkbox"/>	I understand the importance of immediately advising the alarm company if my phone number changes (including area code changes).
14.	<input type="checkbox"/>	<input type="checkbox"/>	I have been made aware of the alarm ordinance, that governs the operation of alarm systems and I will comply with applicable requirements (permits, fees, etc.).
15.	<input type="checkbox"/>	<input type="checkbox"/>	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, or contact management to have defects corrected, as I become aware of them.
16.	<input type="checkbox"/>	<input type="checkbox"/>	I will advise the alarm company if any remodeling (such as extensive painting, moving walls, doors or windows), is done.
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have been provided with false alarm prevention techniques to help me prevent false alarms.
18.	<input type="checkbox"/>	<input type="checkbox"/>	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 instructed on the proper use of the system.
19.	<input type="checkbox"/>	<input type="checkbox"/>	I understand that I am financially responsible for any false alarm charges as provided in Article IV, Chapter 21, of the Gainesville Code of Ordinances.
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have been provided with an alarm permit application.
THE ABOVE CHECKLIST HAS BEEN EXPLAINED TO ME BY THE OWNER / MANAGER / ALARM COMPANY REPRESENTATIVE AND I UNDERSTAND MY RESPONSIBILITY REFERENCE THE REGISTRATION AND USE OF THE SECURITY ALARM SYSTEM.			
LESSEE / TENANT (SIGNATURE):	DATE:	OWNER / MANAGER / ALARM COMPANY REPRESENTATIVE (SIGNATURE):	DATE: