

FIRE ALARM MONITORING SERVICES Schedule 1 Form

Please return this form to Fire Alarm Monitoring Services by post to PO Box 3238, Success, WA, 6964 or email to au_wacsc@chubbfs.com.

Date Form Comp	leted						
Contact Details	for Clien	it					
Name (Building Owner)							
ABN / ACN							
Owner Address							
Suburb		St	ate	P	ost Code		
Contact Details for Billing							
Billing Contact Name							
Billing Contact Position							
Billing Contact Phone		Mobile					
Billing Email							
New Billing Address							
Suburb				P	ost Code		
Current Details of Premis		ses					
DBA Number							
Name of Building							
Name of Complex							
Street/Lot Number							
Street Name		_					
Suburb		St	ate	P	ost Code		
Nearest Cross Street							
Opening Hours							
Nominated Site	Contact						
Name							
Position							
Phone			Mobile				
Email							
Site Specific De	tails						
Former Building I	Name						
Is this site a Gove	ernment A	Agency?			☐ Yes	□ No	
If Yes - Please select appro		ropriate Departmen	t	☐ Local	□ State	□ Federal	
Are site induction	s require	d for the site?			☐ Yes	□ No	
If Yes – are the ir	nductions	site administrated	or outsour	ced?	□ Site	☐ Outsourced	
If outsourced – please provide the contact details for the induction provider below					elow		
Contact Name							
Phone	Mobile						
Email							
Please advise if there are any environmental health or safety access considerations required							
to access the building and / or Fire Indicator Panel (FIP)							





FOR A **SAFER STATE**

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Business Hours Nominated Contact: (0900-1700) Required Contact					
Name					
Position					
Phone	Mobile				
Email					
After Hours Nominated Contact 1: (24/7) Required Contact					
Name					
Position					
Phone	Mobile				
Email					
After Hours Nominated Contact 2: (24/7) Required Contact					
Name					
Position					
Phone	Mobile				
Email					
After Hours Nominated Contact 3: (24/7) Optional Contact					
Name					
Position					
Phone	Mobile				
Email					

☐ I wish to be nominated for Primary Fire Alarm Activations – If left unchecked, contacts will only be notified for Faults and Secondary Signals.

All nominated contacts must be available 24/7, except for the business hours contact which is between 9:00 am and 5:00 pm.

Please note the following regarding Nominated Site Contacts:

Clients are required to provide at least three (3) nominated site contacts for communication from DFES and Fire Alarm Monitoring Services (FAMS).

The Client must provide details of at least one (1) business hours nominated site contact and two (2) different nominated site contacts which can provide 24/7 coverage.

Failure to provide the required contacts for new alarm applications may result in the alarm not being connected or prevent the alarm from being placed ONLINE and allow for alarm monitoring to proceed.

Failure to provide required contacts for existing DBA alarms may result in the alarm being placed offline.

Fire Service Agents may not be listed as nominated contacts without the express permission of DFES.

Nominated site contacts must have the authority to place service calls requesting Fire Service Agent attendance (24/7), where required. Where the nominated contact is a third-party call centre, internal authority measures should be in place.

Nominated site contacts will be notified via telephone call of a loss of communications with the Fire Indicator Panel (FIP), secondary alarm events and faults as they occur at any time of day or night. Faults and secondary alarms, where applicable, will only be notified once per 24-hour period.

In the event of primary alarms, where the site has requested to be advised, communications failures and pump runs, all nominated contacts will be called.

DFES COMCEN, at its discretion, will call nominated contacts when required.

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