

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		t					
Name (Building C							
ABN / ACN							
Owner Address							
Suburb		State		P	ost Code		
Contact Details	for Billin	g		ľ			
Billing Contact Name							
Billing Contact Position							
Billing Contact Phone		Mobile					
Billing Email							
New Billing Address							
		Post Code					
Suburb Current Details of Premis		200					
DBA Number	or Frenns	565					
Name of Building							
Name of Complex							
Street/Lot Number							
Street Name							
Suburb		State		P	ost Code		
Nearest Cross Street		Oldio					
Opening Hours							
Nominated Site	Contact						
Name							
Position							
Phone		Mob	oile				
Email							
Site Specific Det	tails						
Former Building N	Name						
Is this site a Government A		Agency?			□ Yes	□ No	
If Yes – Please select app		ropriate Department		_ocal	□ State	Federal	
Are site inductions require		d for the site?			□ Yes	□ No	
If Yes – are the inductions			sourced?)	□ Site	□ Outsourced	
If outsourced – please provide the contact details for the induction provider below							
Contact Name							
Phone		Mob	oile				
Email							
Please advise if there are any environmental health or safety access considerations required							
to access the building and / or Fire Indicator Panel (FIP)							
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For assistance with completing this form please contact Fire Alarm Monitoring Services on **1300 793 722**. Completed forms can be emailed to au_wacsc@chubbfs.com



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.