

CORRECTIVE ACTION REPORT

ALARM COMPANY: _____	DATE: __/__/__
AGENCY: _____	SERVICE TECH: _____
SUBSCRIBER: _____	PERMIT #: _____
ADDRESS: _____	CITY: _____ ZIP: _____

YES	NO	
		We have re-educated the homeowner/business owner and their family/employees on the operation of their system and the importance of eliminating false dispatches.
		Customer authorization was received to implement verification procedures on all burglar alarm signals and the procedure was explained to the customer.
		Does customer have call waiting?
		If yes, has *70 prefix been programmed on the central station called number to avoid the appearance of a no answer when verification is attempted by central station?
		We have extended delay times to one minute or more
		We have extended entrance delay as long as is prudent.
		Is the system a silent (no siren or bell) system?
		If yes, was a sounder added?
		Was a 15 second delay programmed on the communicator?
		Is the system programmed so it will not transmit a second signal, (swinger suppression), on the same zone until manually investigated and restored on premises?
		Were money clip hold-up devices removed, or paralleled per the UL standard?
		All hold-up devices have been changed to dual activation hold-up devices?
		Is "one plus" duress used?
		If yes, was it eliminated?
		The alarm system battery is "proved good" based upon a dynamic battery test. Date Code on Battery: _____
		Is zoning adequate?
		Are there dogs or pets on premises?
		If yes, are they confined to an area without motion detectors?
		Has a test been run with the monitoring station to insure proper coding of all zones and/or alarm applications?
		Is customer contracted for an annual inspection agreement?

Business/Homeowner Signature

Alarm Company Representative Signature

PLEASE RESPOND WITHIN 14 CALENDAR DAYS.