Westbank First Nation False Alarm Law No. 2008-05

FEES SCHEDULE FORM "A"

FEES

Registration Fees	
Residential	\$10.00
Other	\$15.00

Late Registration Fees	(Additional)
Residential	\$10.00
Other	\$15.00

False Alarm Fees			
# of False Alarms in a	Residential Fee	Non-Residential	Hold-up
one (1) year period		Fee	Alarm Fee
1	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$100.00
3	\$50.00	\$100.00	\$200.00
4 or more	\$100.00	\$200.00	\$300.00

Use of Automatic Voice Dialler to Notify RCMP Fee \$100.00

RCMP Response to Unregistered Alarm System Fee \$100.00

Alarm Dispatch Request Where Alarm RegistrationSuspended (without verification of alarm)\$100.00

Registration Reinstatement Fee	
(not including any other outstanding fees)	\$100.00

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ALARM COMPANY FALSE ALARM PREVENTION PROGRAM CHECKLIST FORM "B"

ALARM COMPANY FALSE ALARM PREVENTION PROGRAM CHECKLIST

YES	NO			
		1	I confirn	ned that the control panel has been programmed so that:
			(a)	it will not transmit more than alarm signals from the same zone until manually restored at the premises. (Recommend no more than two.)
			(b)	it has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended).
		2		d that the Keypad(s) emit sufficient sound to inform occupants when //exit door sensor has been triggered.
		3	Installed and tested standby/back-up power.	
		4	I reviewed the "Customer False Alarm Prevention Checklist" with the customer.	
		5	I determined whether the customer had special telephone features, such as call waiting, and took appropriate steps to allow proper control panel dialling and Monitoring centre verification.	
		6	l made	sure the control panel was properly grounded.
		7	I made sure that all door and window contacts were properly selected, installed and tested. I considered loose fitting doors and windows, whether wide gap contacts were needed, and steel doors and windows. I followed the manufacturer's installation instructions.	
		8	tested.	sure all glass breakage sensors were properly selected, installed and I gave consideration to pets, on site noises and the general ment. I followed the manufacturer's installation instructions.
		9	tested.	on type detectors were properly selected, properly installed and I gave consideration to pets, sunlight, other heat sources, and harsh ments. I followed the manufacturer's installation instructions.

Please explain if you answered "no" to any of the above items:

Installer/Technician:

Alarm Company (name in full)

(Sign and Print Name)

Date:

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REINSTATEMENT FALSE ALARM CUSTOMER PREVENTION CHECKLIST FORM "C"

CUSTOMER FALSE ALARM PREVENTION CHECKLIST

YES	NO		
		1	I have been trained in the proper operation of the system.
		2	I have been given a summary operating sheet.
		3	I have been given the security system operating manual.
		4	I know how to cancel an accidental alarm activation.
		5	I have the Cancellation code.
		6	I know how to turn off motion detectors while leaving other sensors on.
		7	I know how to test the system, including the communication link with the Monitoring centre.
		8	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. My entry time is My exit time is
		9	I have the Alarm Company phone number to request repair service or to ask questions about the Alarm System.
		10	I have been offered the option of a training/no dispatch period.
		11	I understand that indoor pets can cause False Alarms and I will contact Alarm Company to adjust the system if I acquire any additional indoor pets.
		12	I know where the main control panel and transformer are located.
		13	I have received an alarm sheet which describes how the Alarm Company will communicate with me in the event of various alarm signals.
		14	I understand the importance of keeping my emergency contact information updated and I know how to do this.
		15	I understand the importance of immediately advising the Alarm Company if my phone number changes (including area code changes).
		16	I understand the importance of any other changes to my telephone service such as call waiting or a fax line or high speed internet connection.

CUSTOMER FALSE ALARM PREVENTION CHECKLIST - continued

	17	I have been made aware of the <i>WFN False Alarm Law</i> that governs the operation of my Alarm System and I will comply with applicable requirements (permits, fees, etc.)
	18	I will advise the Alarm Company if I do any remodelling (such as extensive painting, moving walls, doors or windows).
	19	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 as I become aware of them.
	20	The Alarm Company has given me written False Alarm prevention techniques to help me prevent False Alarms.
	21	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 trained on the proper use of the system.

Comments:

Alarm User

Print Name(s):

Signature:

Signature:

Date:

<u>S C H E D U L E "D"</u>

SECURITY ALARM SYSTEMS REGISTRATION FORM

OFFICI	E USE ONLY
PERMIT NO	DATE\$ PAID
NEW REGISTRATION:	RE-REGISTERING:
RESIDENTIAL ALARM USER I	NFORMATION (PLEASE PRINT CLEARLY)
NAME	
ADDRESS	CITY:
POSTAL CODEPHONE#	
EMAIL	
MAILING ADDRESS (if different)	
POSTAL CODE	PHONE <u>#</u>
COMMERCIAL ALARM USER IN	IFORMATION (PLEASE PRINT CLEARLY)
COMPANY ADDRESS	
COMPANY MAIL ADDRESS	
СІТҮ	POSTAL CODE
EMAIL PHONE #	CELL #
NORMAL OPERATING HOURS	FAX #
COMPANY OWNER'S NAME	
COMPANY OWNER'S HOME ADDRESS	
POSTAL CODE	PHONE #
CONTINU	ED ON PAGE 2

ALARM COMPANY INFORMATION

ALARM COMPAN	IY	PHONE <u>#</u>					
		·					
MONITORING CO	OMPANY	PHONE #					
TYPE OF ALARM (CHECK ALL THAT APPLY							
IN1	PANIC ALARM						
но	LD UP ALARM	SILENT ALARM					
		THAN THE ALARM USER) WHO WILL RESPOND TO AN ALARM THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE					
#1 KEY HOLDER	NAME						
DAYTIME PHONE	E #	NIGHT PHONE #					
#2 KEYHOLDER	NAME						
DAYTIME PHONE	E #	NIGHT PHONE <u>#</u>					
APPLICANT SIG	NATURE	DATE					
		0 (RESIDENTIAL) OR \$15.00 (OTHER) MUST BE LEASE MAKE CHEQUE OR MONEY ORDER					
		ISTRICT OF CENTRAL OKANAGAN.					
		end payment to:					
ſ	R D CO FAISE ALA	RM REDUCTION PROGRAM					
		COORDINATOR					
	P.O. BOX 20	243 TOWNE CENTRE					
	KELOWN	IA, B.C. V1Y 9H2					
	Telepho	ne: 250-470-6219					
	-	250-470-6348					
	Website: <u>www</u>	w.regionaldistrict.com					
	Erecollu ol	arms@cord.bc.ca					
1	Email: ai						

SCHEDULE E WFN False Alarm Law No. 2008-05

ALARM SYSTEM INSPECTION REPORT

Important - Prior to commencing any inspection work on the Alarm System, notify the Monitoring Alarm Company that the Alarm System is being tested/inspected. Do not be the cause of a False Alarm!

INSPECTION OBJECTIVE

The objective of this inspection report is to evaluate and report upon the condition and use of a security Alarm System. The use of the Alarm System and the system's operational stability will be examined and evaluated for the express purpose of identifying the causes of False Alarms and for making recommendations for improvements to the use or condition of the system to reduce/eliminate False Alarms.

GENERAL PURPOSE

The Approved Alarm Service Technician will evaluate the quality of the system components and standard of installation as a means to determine the system's ability to operate without causing False Alarms from electronic failure or malfunction. The Approved Alarm Service Technician will also review all available information relating to recent alarm activity, maintenance and installation design attributes, and will interview the user(s) of the Alarm System to establish the probable causes of False Alarms.

Through the completion of the Alarm System Inspection Report, the Approved Alarm Service Technician will provide information to the RCMP and/or the Alarm Coordinator. This report will be used to determine the conditions of the reinstatement of a Suspended Alarm Registration, or as the basis to issue an Alarm Registration in the first instance.

The Approved Alarm Service Technician will also make recommendations for: the improvement of system design, maintenance of the Alarm System, change in alarm or Monitoring Alarm Company procedures and/or training of the Alarm User(s), as a means to correct the past False Alarm record for the system.

DATE OF INSPECTION:	
ALARM SYSTEM DETAILS	ALARM INSPECTION INFORMATION
Alarm Registration #	Approved Alarm Service Technician Last name First Name
Alarm User Name	Security Employee File #
Contact Person	T.Q. #
Address	Alarm Company Name
Phone	Phone
Fax	
Date of Alarm System Installation	By: Invoice/Work Order/Estimate (circle one)
BRAND NAME OF MODEL NUMBER OF CONTROL PA	NEL

1 Alarm System Activity

2

Review recent system activity and record the possible causes for the False Alarms. (Attach Activity Report for Monitored Alarm Systems.) Evaluation of the Alarm System

Determine the Alarm System's ability to operate without causing False Alarms. Report the problem(s) identified as result of your inspection. Consider the following common causes of False Alarms: a) user error, b) system design, c) system installation standards, d) service/maintenance, e) equipment malfunction, f) Monitoring station fault, g) telephone line fault.

3 Test all zones. For Monitored Alarm Systems, check for the correct transmission of event codes to the Monitoring station. Provide Monitoring Alarm Company Alarm Report upon request.

DONE APPROVED ALARM SERVICE TECHNICIAN'S INITIALS

4 Miscellaneous

1 Does the Alarm User have written operation instructions readily available? Yes D No D

2 Is the time delay for entry and exit sufficient for False Alarm free operation? Yes 🛛 No 🗆

3 Does the Monitoring Centre know the user(s) phone number to cancel alarm signals in the event of an error?

Yes 🗆 No 🗆

- 4 Does the Alarm User have information from the Alarm Company that will assist in minimizing/eliminating False Alarms? Yes 🛛 No 🗆
- 5 Is the Alarm User/Keyholder/Private Security information current and correct? Yes
 No
 No
- 6 Is the Alarm Company phone number known and is there 24 hour emergency service available?
 - Yes 🗆 No 🗆

APPROVED ALARM SERVICE TECHNICIAN

Signature:

a From the list in section 2, please indicate below the main causes of False Alarms as determined from this Inspection Report.

b I certify that this Alarm System is functionally: Not currently capable
Currently capable
of operating without causing Excessive False
Alarms.

Approved Alarm Service Technician

c The users of this Alarm System: Require Do not require training and/or written operating instructions on the proper use of this Alarm System.

Approved Alarm Service Technician

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.

d 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.

Signature:

Approved Alarm Service Technician

Security Employee File #

Attach Work Orders, Purchase Orders, Receipts, User Instruction Information, Signatures of System Trained Users etc. as proof of the above.

Note: Reinstatement, issuance, or refusal to issue an Alarm Registration using information provided in this Inspection Report in no way constitutes a representation or warranty by Westbank First Nation or the RCMP as to the effectiveness or otherwise of the Alarm System.