

**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 one (1) year period	Residential Fee	Non-Residential Fee	Hold-up 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
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RCMP Response to Unregistered Alarm System Fee	\$100.00
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Alarm Dispatch Request Where Alarm Registration Suspended (without verification of alarm)	\$100.00
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Registration Reinstatement Fee (not including any other outstanding fees)	\$100.00
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ALARM COMPANY FALSE ALARM PREVENTION PROGRAM CHECKLIST FORM "B"
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ALARM COMPANY FALSE ALARM PREVENTION PROGRAM CHECKLIST

YES NO

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | I confirmed that the control panel has been programmed so that: |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) | it will not transmit more than ____ alarm signals from the same zone until manually restored at the premises. (Recommend no more than two.) |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) | it has adequate delay time on entry/exit doors (delay of 45 seconds or more is recommended). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | I verified that the Keypad(s) emit sufficient sound to inform occupants when an entry/exit door sensor has been triggered. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Installed and tested standby/back-up power. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | I reviewed the "Customer False Alarm Prevention Checklist" with the customer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | I made sure the control panel was properly grounded. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | I made sure all glass breakage sensors were properly selected, installed and tested. I gave consideration to pets, on site noises and the general environment. I followed the manufacturer's installation instructions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | All motion type detectors were properly selected, properly installed and tested. I gave consideration to pets, sunlight, other heat sources, and harsh environments. 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 | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | I have been trained in the proper operation of the system. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | I have been given a summary operating sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | I have been given the security system operating manual. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | I know how to cancel an accidental alarm activation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | I have the Cancellation code. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | I know how to turn off motion detectors while leaving other sensors on. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | I know how to test the system, including the communication link with the Monitoring centre. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | I have the Alarm Company phone number to request repair service or to ask questions about the Alarm System. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | I have been offered the option of a training/no dispatch period. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | I know where the main control panel and transformer are located. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | I have received an alarm sheet which describes how the Alarm Company will communicate with me in the event of various alarm signals. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | I understand the importance of keeping my emergency contact information updated and I know how to do this. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | I understand the importance of immediately advising the Alarm Company if my phone number changes (including area code changes). |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 *WFN False Alarm Law* 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:

SCHEDULE "D"

SECURITY ALARM SYSTEMS REGISTRATION FORM

OFFICE USE ONLY

PERMIT NO. _____ DATE _____ \$ PAID _____

NEW REGISTRATION: _____ RE-REGISTERING: _____

RESIDENTIAL ALARM USER INFORMATION (PLEASE PRINT CLEARLY)

NAME _____

ADDRESS _____ CITY: _____

POSTAL CODE _____ PHONE# _____

EMAIL _____

MAILING ADDRESS (if different) _____

POSTAL CODE _____ PHONE # _____

COMMERCIAL ALARM USER INFORMATION (PLEASE PRINT CLEARLY)

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY MAIL ADDRESS _____

CITY _____ POSTAL CODE _____

EMAIL _____ PHONE # _____ CELL # _____

NORMAL OPERATING HOURS _____ FAX # _____

COMPANY OWNER'S NAME _____

COMPANY OWNER'S HOME ADDRESS _____

POSTAL CODE _____ PHONE # _____

CONTINUED ON PAGE 2

ALARM COMPANY INFORMATION

ALARM COMPANY _____ **PHONE #** _____

MONITORING COMPANY _____ **PHONE #** _____

TYPE OF ALARM (CHECK ALL THAT APPLY)

_____ **INTRUSION ALARM**

_____ **PANIC ALARM**

_____ **HOLD UP ALARM**

_____ **SILENT ALARM**

KEYHOLDERS (LIST TWO KEYHOLDERS (OTHER THAN THE ALARM USER) WHO WILL RESPOND TO AN ALARM ACTIVATION TO ASSIST THE POLICE IN DETERMINING THE CAUSE OF THE ALARM ACTIVATION AND TO SECURE THE PREMISES)

#1 KEY HOLDER NAME _____

DAYTIME PHONE # _____ **NIGHT PHONE #** _____

#2 KEYHOLDER NAME _____

DAYTIME PHONE # _____ **NIGHT PHONE #** _____

APPLICANT SIGNATURE _____ **DATE** _____

A CHEQUE IN THE AMOUNT OF \$10.00 (RESIDENTIAL) OR \$15.00 (OTHER) MUST BE INCLUDED WITH THE APPLICATION. PLEASE MAKE CHEQUE OR MONEY ORDER PAYABLE TO: REGIONAL DISTRICT OF CENTRAL OKANAGAN.

Please send payment to:

**R.D.CO. FALSE ALARM REDUCTION PROGRAM
ALARM COORDINATOR
P.O. BOX 20243 TOWNE CENTRE
KELOWNA, B.C. V1Y 9H2**

Telephone: 250-470-6219

Fax: 250-470-6348

Website: www.regionaldistrict.com

Email: alarms@cord.bc.ca

- 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
- 6 Is the Alarm Company phone number known and is there 24 hour emergency service available?
Yes No

APPROVED ALARM SERVICE TECHNICIAN

- 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.
Signature: _____
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.
Signature: _____
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.