APPENDIX F - ANNEXE A (April 2021)

**APPLICATION FOR RESTORATION OF POLICE RESPONSE**

**TO AN INTRUDER ALARM**

Following the Withdrawal of Response letter the security company is required to apply for reinstatement using this form. Remedial work and/or re-certification of the system may be required as detailed below.

NB: Where the threshold for withdrawal of police response is reached the withdrawal will apply to the facility IAS or HUA which has reached the threshold. That part to which response has not been withdrawn continues to receive response until it reaches the withdrawal threshold in its own right.

|  |  |
| --- | --- |
| URN |  |
| Name & Address of Premises |  |
|  |
| Installer/Maintainer |  |

The remedial work required will be dependent on the existing status of the system, as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Status | Requirement | ✓ if completed |
| 1 | Unconfirmed system | Upgrade to DD243:2004 or BS 8243\* |  |
| 2 | DD243 system pre 2002 | Upgrade to DD243:2004 or BS 8243\* |  |
| 3 | DD243:2002/2004 or BS 8243 | Identify cause, remedy, and detail remedial action in box below\*\* |  |

**Note:**

|  |  |
| --- | --- |
| **\*** | **There is no requirement to upgrade to PD6662 to regain police response** |
| **\*\*** | 90 days clear of false calls from the date of the last false activation will be required unless an additional method of confirmation is installed |

Identify the cause of the 3 false alarms which led to the withdrawal and **give details of remedial work** carried out (supported by evidence, such as an engineer’s report sheet)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Cause | Means of Reset\*\*\* | Remedial Work |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |
| --- | --- |
| \*\*\* | State whether reset by engineer or managed (remote) reset |

Where a system has been upgraded a copy of the new NSI or SSAIB certificate of compliance /conformity must be forwarded with this application.

The information I have given is true to the best of my knowledge and belief. False or misleading information could lead to the loss of the URN

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Print Name |  |