

**APPLICATION FOR RESTORATION OF POLICE RESPONSE  
TO A PERSONAL ATTACK/HOLD-UP 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

Although withdrawal of response will not in the short term affect the status of the intruder alarm, please note that if this situation has not been satisfactorily resolved within 6 months, the unique reference number allocated to your Intruder / PA will be deleted. It is therefore essential that you give this matter your urgent attention.

URN	NAME & ADDRESS OF PREMISES	INSTALLER / MAINTAINER

- 1) Is a police response still required for the PA / Hold-up facility? **YES / NO**

If not, have appropriate measures been put in place to ensure that signals are not passed to the police? (you may need to consult your insurance company, if the device has been removed). **YES / NO**

- 2) Intervention is mandatory – is this in place? **YES**

**(When a form of confirmation has been implemented for the first time, response may be reinstated to PA's before the 3 month period.**

**Any subsequent Level 3 loss of response, *after confirmation has been put place*, a system must achieve three months' clear of false calls )\***

**Where confirmation is mandatory to regain police response, an assessment must be carried out by the security company, to ensure that an appropriate confirmation method is used. In considering call back, audio or visual confirmation, the purchasing contractor or other person responsible for health and security under applicable legislation must ensure adequate support systems in place in the premises to ensure that no-one is placed at undue risk. Documentary evidence of this process must be retained by this person for inspection. The method of confirmation used must be based on the security needs of the End User(s) and not for commercial reasons.**

**Please give details of the method of confirmation used in this box, e.g. 'call-back' with details, 'visual' , 'audio' sequential or 'any combination'. Security Systems Officers may ring the end user at any time to check that they understand the process which has been set up.**

- 3) Has the system been clear of false calls for three months? (If applicable\*) **YES / NO**

- 4) Are all of the PA / Hold-up devices dual action? **YES**

5) Has the Duress facility been removed? **YES**  
(Only BS EN 50131-1 Grade 4 (Grade 3 in exceptional circumstances) & BS 7042 systems are exempt from this requirement).

6) Has user training been given? **YES**

7) Does PA/Hold-up alarm comply with all other aspects of Appendix T 10-point plan? **YES**

**Give details of cause and any other work undertaken to rectify false PA alarms in this box.**

**I declare the End User(s) have been fully trained in the intervention method and procedures to be followed in the event of the PA being activated.**

The information I have given is true to the best of my knowledge and belief.

Signed: ..... Date: .....

Name: .....(please print) Position in Company.....

**Please note that false or deliberately misleading information provided on this form could lead to the loss of the URN.**