



**MONITORING CONTRACT**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact on Site: \_\_\_\_\_

Site Ref (if required): \_\_\_\_\_

**BILLING DETAILS**

Accounts Contact: \_\_\_\_\_

Accounts Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounts Phone: \_\_\_\_\_ Accounts Fax: \_\_\_\_\_

Accounts Email: \_\_\_\_\_

<p><b>Monitoring Fee</b></p> <p>CCTV Monitoring Fee: _____ per day/ month/ quarter/ year</p> <p>Billing Period (CCTV Charges are billed in advance): Monthly/ Quarterly/ 6 Monthly/ Annually</p> <p>If iWatch UK Ltd. are providing keyholding service:</p> <p>Annual Keyholding Charge: _____</p> <p>Alarm Response Charge: _____ ( x 2 for Bank Holidays)</p> <p><b>All charges are subject to VAT at 15%</b></p>	<p><b>INTERNAL USE ONLY</b></p> <p><b>CCTV Charge:</b> _____</p> <p><b>Period:</b> _____</p> <p><b>Comm:</b> _____</p> <p><b>Pay to:</b> _____</p>
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**Contract Information (Signatory must be a partner or proprietor or director authorized to sign on behalf of the subscriber)**

I/We confirm that the details contained on this form are correct. I have read and agree to the warranty terms detailed herein.

Customer Signature: \_\_\_\_\_

iWatch Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Operational Protocol

This form must be completed and returned to iWatch UK Ltd. before an installed system goes live. Failure to do so may hinder monitoring of the property. Changes to this document must be forwarded promptly to iWatch UK Ltd to ensure a reliable service. Changes to instructions will only be accepted if submitted in writing by email/fax.

### Monitored Property Details

Property Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Password: \_\_\_\_\_

Police Station: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Directions to Monitored Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitoring Schedule		
Day	Un-Set Time	Set Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Bank Holiday		

Customer Set:

iWatch Set

### Incident Reports to be emailed to:

\_\_\_\_\_



## Installer Details

Installer Name	
Installer Phone Number	
Installer Email Address	

Intruder Alarm Monitoring Station Name	
Intruder Alarm Monitoring Station Phone No	
Password/Account Number	

## Device Details

Device Number	1	2	3	4	5
Device Type					
Model Name					
IP address					
Username					
Password					
Port number					
VTC Number (if applicable)					
Registration No (if applicable)					
No. Relays					
Audio System Model (if separate matrix)					
No. Audio Channels					
No. Fixed Cameras					
No. PTZ Cameras					





## Compliance

In order to comply with the requirements of BS8418:2003 or equivalent standard iWatch requires confirmation that the system is installed as per specification and that on completion it is working as designed.

*The installer must:*

1. Conduct a walk test with iWatch at an agreed time.  
N.B. This will entail the basic tests described in BS8418 section 5.2

AND

2. Sign to confirm that system is installed and tested to the specification (sign below)

We confirm that the system is installed as per the design specification and have tested all the detection devices, cameras and audio components.

Signed

.....

Name (block letters).....

Company .....

Date .....



## Operator's Actions – please indicate

- |                      |   |                          |
|----------------------|---|--------------------------|
| Criminal Activity    | Stern Audio warning issued. Emergency contacts notified in order and without delay. The operator will continue to monitor and update emergency services. Incident report forwarded.                         | <input type="checkbox"/> |
| Trespass             | Audio warning issued. If this deters further activity, causes to be logged and call terminated. If activity continues, emergency contacts to be notified. Incident report forwarded.                        | <input type="checkbox"/> |
| Poor Lighting        | If poor lighting affects quality of view from cameras, client will be notified.   | <input type="checkbox"/> |
| Camera Failure       | If the operator believes a camera has failed due to outside interference it will be dealt with as criminal activity   | <input type="checkbox"/> |
| Detector Malfunction | Should a detector malfunction, sending false alarm signals to the monitoring centre, the affected detector will be isolated until the rate of activation is less than 10 per hour. Client will be notified. | <input type="checkbox"/> |
| Power Failure        | Should operator receive power failure alarm, client to be notified without delay.   | <input type="checkbox"/> |
| Comms Failure        | Should operator received Communications failure alarm, client to be notified without delay.   | <input type="checkbox"/> |
| No visible Cause     | If there is no obvious cause for alarm, the operator uses other cameras to patrol the site to try to determine cause. If no visible cause, call logged as "No visible Cause" and call terminated.           | <input type="checkbox"/> |
| Environmental        | If alarm has been caused by bright sunlight, strong winds, inclement weather conditions, animals or birds then cause to be logged and call terminated.  | <input type="checkbox"/> |
| Staff                | Should there be excessive false alarms caused by staff onsite, iWatch will temporarily stop monitoring.   | <input type="checkbox"/> |



## Emergency Contacts

	Name	Contact Times	Landline	Mobile
1				
2				
3				
4				

### Acceptance of Operational Protocol:

(Signatory must be a partner or proprietor or director authorized to sign on behalf of the subscriber)

I confirm that I have read and understood the terms and conditions of this agreement and accept that the agreement will be governed by those terms and conditions

**Client**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**iWatch UK**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_