



National Industrial Alarm System Description Worksheet

PROPECTED PROPERTY INFORMATION

Property Name _____

PROPERTY ADDRESS

Country _____

Address _____

City _____

Zip Code _____

State _____

ISSUANCE

Issuance Date _____

Contract Date _____

Coverage Area _____

CUSTOMER INFO

Reference Number _____

Display on Certificate

System Number _____

Display on Certificate



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RELATIONSHIPS

Identify the related parties for this certification

Cognizant Agency

Entity/Body _____

Address _____

City _____

State/Province _____

Postal Code _____

Monitoring Location

Select Type: _____

File Number _____

Entity/Body _____

Address _____

City _____

State/Province _____

Postal Code _____

Investigator

Select Type: _____

File Number _____

Entity/Body _____

Address _____

City _____

State/Province _____

Postal Code _____



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SYSTEM

Primary Transmission Method _____

Secondary Transmission Method _____

Line Security _____

Control Unit Manufacturer _____

Control Unit Model _____

Control & Transmitter Combo _____

Signal Transmitter Unit Manufacturer _____

Signal Transmitter Unit Model _____

Secondary Transmitter Unit Manufacturer _____

Secondary Transmitter Unit Model _____

Response Time _____

Alarm Sounding Device Location _____



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DEVICES

**There must be one Type of System Specified.

Protection Details

Open Storage Ext of Protection	<hr/>
Alarmed Room Ext of Protection	<hr/>
AA&E Storage Area Ext of Protection	<hr/>
AA&E Container Partial	<hr/>
AA&E Container Complete	<hr/>
Locking Bar Container Partial	<hr/>
Locking Bar Container Complete	<hr/>
GSA Approved Container Partial	<hr/>
GSA Approved Container Complete	<hr/>
Non-Standard Container Partial	<hr/>
Non-Standard Container Complete	<hr/>
Vault Partial	<hr/>
Vault Complete	<hr/>

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ADDITIONAL INFORMATION

Government Manual

Comments



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APPROVAL

**The following items require approval by a representative of the Cognizant Security Agency/Office having jurisdiction. This form should be reviewed and each of the items listed below that apply to this alarm installation should be approved by entering the name and signature of the representative for the Cognizant Security Agency/ Office on the line to the right of the item.

		Printed Name	CSA or CSO Signature
Type of System	Extent 5	_____	_____
Line Security	None	_____	_____
Alarm Transmission	Data Network	_____	_____
Monitored Signals	Alarm & Troubles	_____	_____
Remote Monitoring	Law Enforcement	_____	_____
Investigator	Law Enforcement	_____	_____
Investigator	Government Contractor Representative	_____	_____
Response Time	20 mins. 30 mins.	_____	_____

ASD is to be available at the service center throughout the life of the certificate.