

Alarm Acknowledgment Form

By signing below, I acknowledge that I have received hands-on training for how to activate and disarm the alarm system. The office administrator allowed me to test it myself to verify that it is working properly.

I understand that if I am the last person leaving the office, I agree to verify there are no other people in the office, turn out the lights, set the alarm, and lock the doors within 30 seconds of setting the alarm. I acknowledge that if I am the first person entering the office, I am responsible for properly disarming the alarm. Since I have been shown how to activate and disarm the alarm, it is my responsibility to make sure I know how to use it properly. If I am not confident in my ability to use it properly, I agree to seek further instruction and training from the Office Administrator.

In the event the alarm is set off by accident, the security company will first call the front desk phone and you agree to answer it and inform them that you work there and set it off by accident. They will ask you for a pass code, which is not given to you for security reasons. But let them know you work there so they can inform management whether it is a non-threatening situation.

Regardless of the situation, the security company may dispatch the police to the premises. The city can assess fines up to \$400 for any instance where police are dispatched to the office. Unless you can demonstrate to management within 3 days that your code doesn't work properly, **YOU WILL BE RESPONSIBLE FOR PAYING ANY FINE FROM THE CITY.**

Please email management soon afterward the event describing that you set off the alarm and what you did about it. If you leave the scene immediately after setting off the alarm and neglect to answer the call from the security company AND neglect to email management about the situation, then management will review security footage to determine who set off and charge an additional \$50 fine for intentional disregard for office safety and security.

Printed Name of Occupant	Signature	Date
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Printed Name of Office Staff	Signature	Date
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