



UL LLC

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For UL Staff Use

PRE-INSPECTION DATA SHEET FOR CENTRAL STATION AND MERCANTILE BURGLAR ALARM SYSTEMS

Completed forms must be returned to UL prior to Inspection

PROTECTED PROPERTY

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: (If not US) _____

ALARM SERVICE COMPANY

File No.: _____ Service Center No.: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: (If not US) _____

Representative: (Name & Title) _____ Phone Number: () _____

_____ Fax Number: () _____

COMMENTS AND CLARIFICATIONS

If the alarm system described on this form is an **Extent 2 or 3**, please indicate which of the 4 methods of protection that are described in UL 681 are used by checking the method(s) that apply:

____ Perimeter ____ Motion Detection ____ Sound Detection ____ Channels

If the alarm system described on this form is an **Extent Complete** safe, vault, automatic teller machine, or night depository, please indicate which of the 3 methodS of protection that are described in UL 681 are used by checking the method(s) that apply:

____ Capacitance ____ Shock/Vibration/Seismic ____ Sound Detection ____ Applied Wiring

SYSTEM DESCRIPTION

Category: **Mercantile**

Type of System	Extent of Protection			Quantity
	2	3	4	
Premise	2	3	4	Do not write in shaded box
Stockroom	2	3	4	
Safe	Complete			_____
Safe	Partial			_____
Vault	Complete		Partial	_____
Night Depository	Complete		Partial	_____
Automated Teller Machine	Complete		Partial	_____
Holdup (Supplementary, per UL 681)				_____ number of initiating devices

Area Covered/Location: (Building(s), Floor(s), or Area(s)) _____

Alarm Sounding Device Location: Inside Outside Inside and Outside

REMOTE MONITORING

Entity Conducting the Monitoring

None (Proceed to **Controls and Transmitter Units** Section)

UL Listed Central Station (Fire or Burglary) or Residential Monitoring Station

Name: _____
 File No. _____ Service Center No. _____ Street: _____
 (If known. Otherwise enter address at right)

City, State: _____

Party Notified in case of alarm: Law Enforcement Subscriber Subscriber's Agent (Person designated by Subscriber)

Law Enforcement Agency

Name: _____

Address: _____

City, State, Zip: _____

Alarm Transmission Method (Primary):

Multiplex	Direct Wire	Derived Channel
Private Radio System (Two-way)	Radio Network/Transport System (Two-way)	Transmitter (McCulloh)
Private Radio System (One-way)	Radio Network/Transport system (One-way)	
Digital Alarm Communicator	Cellular Digital Alarm Communicator	

Alarm Transmission Method (Secondary)

(May be required for some types of primary transmission means. See UL 827 and equipment installation manual.)

None	Multiplex	Derived Channel
Private Radio System (Two-way)	Radio Network/Transport System (Two-way)	Direct Wire
Private Radio System (One-way)	Radio Network/Transport system (One-way)	Transmitter (McCulloh)
Digital Alarm Communicator	Cellular Digital Alarm Communicator	

UL Listed or Classified Alarm Transport Company (if used):

File No. _____

(If not known, fill in name and address below)

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Line Security Employed:

No Line Security

(Equipment marked Grade A, B, or C, or having no reference to line security)

Standard

(Equipment marked Standard, Grade AA, BB, or CC)

Encryption

(Equipment marked Encryption)

CONTROL, TRANSMITTER AND ALARM EQUIPMENT

Please Record the Manufacturers and Model Nos. of all the equipment and devices used in the system.

Quantity	Manufacturer & Model #	Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____