

UTHSCSA Alarm Permit

Date Submitted: _____

Department Name: _____

Department ID: _____ Funding #: _____ Project ID: _____

Requestor's Name: _____ Requestor's Phone#: _____

Type of alarm: Intrusion Alarm: Panic Alarm:

Alarm Location: Bldg# _____ Floor# _____ Room# _____

For Door Contact Alarms and/or Card Readers Unlock Schedules

Alarm Schedule: (enter time that alarm should be active and time that alarm deactivate)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Alarm On							
Alarm Off							

List any known hazards which may be encountered such as dangerous chemicals, etc.

Intrusion Alarm Action Plan: (i.e., If the door is found to be unsecure, who to you want contacted to respond to secure the door and check for any missing items, damage, etc.)

Intrusion Alarm Responsible Party Contacts:

NAME:	Office Phone	Home Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Panic Alarm Setup

Panic Alarm Contact Name: _____ Phone#: _____

Department TSR Name: _____ Phone#: _____

Department TSR Email: _____

Computer Name: _____ Computer/User Job Function: _____

Reason/Justification for Alarm: _____

**Software installation of panic alarm will be completed by your department TSR. Configuration and Testing will be coordinated through UTPD IT Section after installation.

**Panic alarm initial setup fee: \$250.00, Panic alarm annual renewal fee: \$25.00

For Funding Approval

Department Chair's Name: _____ Signature: _____