



EMERGENCY CONTACTS FORM
For QFRS Monitored Fire Alarms
STATE ALARM MANAGEMENT COMMAND
DEPARTMENT OF COMMUNITY SAFETY



QFRS asks for emergency contact details so we can contact the authorised representatives of a monitored premises about fire alarm activations, emergencies, Alarm Signalling Equipment (ASE) or system faults and account enquiries.

Tips for filling out the Form

Please ensure that you complete all sections that apply to your premises.

NOTE: Any new details you supply on this form will replace existing data.

Has the ownership of this premises changed in the last 12 months? YES ☐ NO ☐

Even if the ownership has not changed please complete SECTION 2.

Is this premises managed by a Registered Body Corporate?

YES ☐ Please complete SECTION 3.

NO ☐ Please leave SECTION 3 blank.

Does this premises have a Property Manager?

YES ☐ Please complete SECTION 4.

NO ☐ Please leave SECTION 4 blank.

Is this property tenanted by a Commercial Entity (sole tenancies only)?

YES ☐ Please complete SECTION 5.

NO ☐ Please leave SECTION 5 blank.

If you require any information or assistance in completing this form please contact SAMC Data on 1800 836 133 or email samc.data@dcs.qld.gov.au.

SECTION 1 ALARM DETAILS

Alarm Number Customer Number Lot/Plan No

Premises Name

Change Premises Name To

Premises Address

Street No Street Name

City/Suburb Postcode

SECTION 2 PREMISES OWNER DETAILS

Please complete Registered Owner details only in this section.

Registered Owner Name Owner's ABN/ACN

Contact Person Email

Phone Daytime/Office Mobile Fax

Postal Address

Street/PO Box

City/Suburb State Postcode

SECTION 3 BODY CORPORATE DETAILS

| | | | |
|-----------------------------------|----------------|----------------|----------|
| Body Corporate Name | | | |
| Body Corporate ABN/ACN | | CTS/BUP Number | |
| Body Corporate Management Company | | | |
| Contact Person | | Email | |
| Phone | Daytime/Office | Mobile | Fax |
| Postal Address | | | |
| Street/PO Box | | | |
| City/Suburb | | State | Postcode |

SECTION 4 PROPERTY MANAGER DETAILSSame as Body Corporate Details above ☐

| | | | |
|-----------------------|----------------|--------|----------|
| Company Name | | | |
| Contact Person | | Email | |
| Phone | Daytime/Office | Mobile | Fax |
| Postal Address | | | |
| Street/PO Box | | | |
| City/Suburb | | State | Postcode |

SECTION 5 PROPERTY TENANT DETAILSOwner Occupied - details same as Section 2 ☐

| | | | |
|-----------------------|----------------|--------|----------|
| Company Name | | | |
| Contact Person | | Email | |
| Phone | Daytime/Office | Mobile | Fax |
| Postal Address | | | |
| Street/PO Box | | | |
| City/Suburb | | State | Postcode |

SECTION 6 EMERGENCY CONTACT INFORMATION

QFRS will respond to your premises in the event of a fire alarm activation. We require site contacts who can be contacted at any time of the day/night and have access to the property if required by the Fire Service. **You must provide us with at least two separate contact persons and include both a daytime and after hours contact number for each person.**

| | Given Name | Last Name | Daytime Number | After Hours Number |
|------------------|------------|-----------|----------------|--------------------|
| Contact 1 | | | | |
| Contact 2 | | | | |
| Contact 3 | | | | |

SECTION 7 MAINTENANCE & SECURITY CONTACT INFORMATION

Please provide contact details for your Fire Alarm Maintenance Company and Monitored or On-site Security. **You must provide the details of your Fire Alarm Maintenance Company.**

| | Company Name | Phone Number |
|---------------------------------------|--------------|--------------|
| Fire Alarm Maintenance Company | | |
| Monitored Security Company | | |
| On-site Security | | |

When is Security on-site? 24 Hrs ☐ After Hours ☐ Random Patrols ☐ Other Times

Are there any guard dogs on-site? Yes ☐ No ☐

SECTION 8 FUTURE EMERGENCY CONTACT MAIL OUTS

To ensure our information is accurate QFRS will require this emergency contacts form to be completed on a regular basis. Please indicate below who would be the best contact to receive and complete this form in the future. Emailed forms will be prefilled with data that we currently have for your premises. This will assist you in completing the form as you will only need to review the form and make changes when necessary.

Only one option can be chosen.

| | Email | Post | |
|------------------|--------------------------|--------------------------|---|
| Owner | <input type="checkbox"/> | <input type="checkbox"/> | Please ensure section 2 has been completed. |
| Body Corporate | <input type="checkbox"/> | <input type="checkbox"/> | Please ensure section 3 has been completed. |
| Property Manager | <input type="checkbox"/> | <input type="checkbox"/> | Please ensure section 4 has been completed. |
| Tenant | <input type="checkbox"/> | <input type="checkbox"/> | Please ensure section 5 has been completed. |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | Please complete the details below. |

Please only complete the following details if Other has been selected.

| | | | |
|-------------------------------|----------------------|----------|----------------------|
| Contact Person | <input type="text"/> | Email | <input type="text"/> |
| Relationship to Premise/Owner | <input type="text"/> | Phone | <input type="text"/> |
| Postal Address | | | |
| Street/PO Box | <input type="text"/> | | |
| City/Suburb | <input type="text"/> | State | <input type="text"/> |
| | | Postcode | <input type="text"/> |

SECTION 9 ADDITIONAL INFORMATION

☐ I confirm that this form has been completed by myself and that the information provided is correct.

| | | | |
|-----------|----------------------|-------|----------------------|
| Name | <input type="text"/> | Phone | <input type="text"/> |
| Position | <input type="text"/> | Date | <input type="text"/> |
| Signature | <input type="text"/> | | |

(signature is not required for forms submitted electronically)

SECTION 10 CUSTOMER FEEDBACK

Please let us know if you have any feedback.

SECTION 11 SUBMITTING EMERGENCY CONTACTS FORM

Please print the form and return by fax, post or scan and email to:

Fax: 07 3624 7900

Mail: SAMC, PO Box 620, Albion, Qld, 4010

Email: samc.data@dcs.qld.gov.au

This information is being collected for the purpose of administering the provision of fire and rescue services in Queensland, including the management of alarm monitoring services. It may be disclosed to contractors of the QFRS for the purpose of providing alarm monitoring services. For more information on the Department of Community Safety's privacy policy, please go to [http:// www.communitysafety.qld.gov.au/info/privacy.htm](http://www.communitysafety.qld.gov.au/info/privacy.htm)