Customer Appreciation Program

DMP®

Sales Excellence Training Program

CONTINUOUS SATISFACTION
Survey

CUSTOMER NAME:_____   ADDRESS: _____

PHONE: _____   CITY: _____

E-MAIL: _____   STATE: _____   ZIP: _____

SYSTEM TYPE AND INSTALLATION DATE

MCU Type: Date Installed:

SATISFACTION INFORMATION

Are you comfortable using your system?	☐ Yes ☐ No ☐ N/A
Have you had any recent problems with your system?	☐ Yes ☐ No ☐ N/A
Was a service warranty discussed?	☐ Yes ☐ No ☐ N/A
Have you had any false alarms?	☐ Yes ☐ No ☐ N/A
Do you understand proper alarm cancellation procedures?	☐ Yes ☐ No ☐ N/A
Do you have our branch/monitoring center phone number?	☐ Yes ☐ No ☐ N/A
Were decals and yard signs replaced?	☐ Yes ☐ No ☐ N/A
Did you update call list names?	☐ Yes ☐ No ☐ N/A
Do employees know cancellation procedures?	☐ Yes ☐ No ☐ N/A
Have you tested your system within the last month?	☐ Yes ☐ No ☐ N/A
Are your alarm permits current?	☐ Yes ☐ No ☐ N/A
Are your employees trained properly on using security equipment?	☐ Yes ☐ No ☐ N/A
Did you set up employee training?	☐ Yes ☐ No ☐ N/A
On a scale of 1 (worst) to 10 (best), how would you rate us?	☐ Yes ☐ No ☐ N/A

How can we get that to a 10:

SECURITY PRIORITIES

On a scale of 1–10 (10 being the highest), indicate the level of risk:

_____ Burglary   _____ Vendor theft   _____ Fire

_____ Slip & fall liabilities   _____ Employee theft   _____ Limiting access in sensitive areas

_____ Internal theft   _____ Robbery   _____ Monitoring employee activities

_____ Other: _____

Comments:

BURGLARY SYSTEM

Burglary protection installed: ☐ Yes ☐ No   Is it needed: ☐ Yes ☐ No   Type: Age:

Number of door contacts: Number of motion detectors: Number of keypads:

Number of glass break detectors: Number of panic buttons: Cell back-up: ☐ Yes ☐ No

Other equipment: Critical equipment: O/C reports:

Number of unprotected openings: Where: Why:

Comments:

CLOSED CIRCUIT TV

CCTV system installed: ☐ Yes ☐ No   Is it needed: ☐ Yes ☐ No   Type: Age:

Number of indoor cameras: Number of outdoor cameras: Number of monitors:

Picture quality: NVR's: DVR's: Other equipment:

Is remote video verification/observation needed: ☐ Yes ☐ No   Explain:

Comments:

ACCESS CONTROL SYSTEM

Access control installed: ☐ Yes ☐ No   Is it needed: ☐ Yes ☐ No   Type: Age:

Number of access doors: Locations:

Number of readers: Reader type: Locations: Number of cards used:

Comments:

FIRE CONTROL SYSTEM

Fire system installed: ☐ Yes ☐ No   Is it needed: ☐ Yes ☐ No   Type: Age:

Number of detectors: Number of pulls: To code: ☐ Yes ☐ No

Number of horn strobes: To code: ☐ Yes ☐ No   Number of keypads:

Water flow: ☐ Yes ☐ No   To code: ☐ Yes ☐ No   Inspections: ☐ Yes ☐ No   Required: ☐ Yes ☐ No

Comments:

Was the warranty fully explained: ☐ Yes ☐ No

SECURITY DESIGN

K = Keypad	D = Door contact	C = Control panel	W = Window contact	G = Glass break
S = Sounders	M = Motion detector	F = Smoke detector	H = Heat detector	HS = Horn Strobe
P = Pull station	CA = Camera	MO - Monitor	NVR = NVR	Z = Z-Wave device
AD = Access Door	R = Reader	PB = Panic Button	DC = DualCom™	CE = Critical Equipment

DESCRIPTION	INSTALLATION FEE	MONTHLY SERVICE
Plus applicable sales tax		

Comments or special instructions:

| Security Consultant | Phone Number | Accepted By | Date |

Commercial

PRICES GOOD FOR 30 DAYS

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