

Critical Area Alarm Notification (*Instructions*)

Form Instructions:

- PLEASE E-MAIL FORM TO: craig.shultenburg@usc.edu
- Please provide all phone numbers in the following format XXX-XXX-XXXX
- Primary Phone Number: Other than office number, best direct point of contact for requestor and user
- Text Message Communication Device: Please give service provider description and specific address for device
- Please provide description of the intended room function and the equipment of importance
- Means of entry – please provide as much information as possible so as to allow for access into room
 - Please provide special instructions or protocol for gaining access to room
- Please select all the applicable days of the week for which the space requires monitoring
 - Assumption is that identified time frame requiring monitoring is applicable for all days selected
- Please identify a range with high and low limits, for which the space will be alarmed if it travels outside of
 - These limits are subject to review by FMS to confirm practicality of systems maintaining such temperatures
- **PLEASE NOTE THAT THIS FORM MAY BE REQUIRED TO BE RE-SUBMITTED ON AN ANNUAL BASIS**

Critical Area Alarm Notification

Requestor Contact Information			
Name			Date
Office Phone	Primary Phone	Email Address	

Space User Contact Information (if different than above)			
Name			
Office Phone	Primary Phone	Email Address	
Text Message Communication Device #1			Device Address #1
<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	
Text Message Communication Device #2			Device Address #2
<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	
Text Message Communication Device #3			Device Address #3
<input type="checkbox"/> Pager	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	

Location of Critical Area		
Department	Building Name	Room Number
Description of room function		

Means of Entry			
<input type="checkbox"/> Key	Key Number	<input type="checkbox"/> Key Code Access	Access Code
			Description
<input type="checkbox"/> Card Access		<input type="checkbox"/> Other	
Is the room alarmed or monitored independently for security purposes?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Special instructions on accessing and working in room (if applicable)			

Notification Service Specifics			
Days			
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
Requested Control Range (ie. Temperature)			
Start Time	End Time	High Limit	Low Limit

Submitted completed form to: craig.shultenburg@usc.edu
 USC - Facilities Management Services