



# UC Merced Police Department Duress Alarm Application

To request a duress alarm, follow the steps below:

1. Complete this form and return it to [police@ucmerced.edu](mailto:police@ucmerced.edu)
2. Duress alarms installed are required to be hardwired and connected to a dedicated, permanent phone line with an associated contact number.
3. All departments requesting new duress alarms or modifications to existing duress alarms are required to complete training provided by the UC Merced Police Department before the alarm is activated.

All new employees, who have a hire date after the initial training and will occupy the space where the duress alarm is located, must complete the duress alarm training. It is the responsibility of the department to contact [police@ucmerced.edu](mailto:police@ucmerced.edu) to request duress alarm training.

4. Approved applications will be forwarded to the designated building manager and lock & access for coordination of installation upon the completion of duress alarm training. All fees related to the installation, activation, and quarterly testing of duress alarms are the responsibility of the requesting department.

5. Duress Alarm testing is mandatory and will be conducted quarterly by the UC Merced Police Department to assure alarms are in proper working order.

6. All duress alarms activated are treated as an emergency. Any alarm that is activated as a non-emergency will be documented. A notification will be sent to the department supervisors. Continual non-emergency or accidental activation of duress alarms may result in potential deactivation of the duress alarm or a recharge fee.

Continue to page 2 to complete the duress alarm application.

I have received and reviewed the terms and conditions outlined in this document and acknowledge my understanding.

Requestor Signature

Today's date:



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Reason for Request (Select from Drop Down)

1. Applicant name:

Reason for requesting Duress alarm:

2. Requesting duress alarm location has a functioning hardwire phone line:

Yes      No

3. Department and location requesting duress alarm:

4. Contact information: Please provide the hardwired phone number and a secondary contact number:

5. Contact email

6. Reason for Request: Please provide a brief statement for your reason of request based off location, security, or if there is a cash safe.

Requestor Signature

Today's date:

Office use below:

Alarm Application:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Duress Alarm Training:

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

For Office Use Only: