

# SAFE & FREESTANDING KEY CABINET INSTALLATION GUIDE / RISK ASSESSMENT



Model Number: \_\_\_\_\_

**Distributor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

**Customer (Installation address/contact):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

In order to ensure that no problems, delays or **additional charges** are incurred during the installation and to satisfy Health and Safety requirements, Securikey would appreciate the following questions being answered.

Please answer **all** questions where applicable.

**Delivery:**

Deliver  Delivery and Place  Deliver, Place and Fix  Delivery Date\*: \_\_\_\_\_

**Access to building:**

Car parking? YES  NO

Can the vehicle stop adjacent to the building? YES  NO

Is there a height restriction for vehicle access? YES  NO

If yes please state height: \_\_\_\_\_

Is there a time restriction for loading / unloading? YES  NO

If yes please give details: \_\_\_\_\_

Is a forklift truck and driver available to assist with unloading? YES  NO

**Access to location within building:**

On entry to the property is there a threshold to negotiate? YES  NO

If the delivery is to the ground floor is the access route to the desired location via level firm ground with no steps to negotiate? YES  NO

If no please give details: \_\_\_\_\_

Is the safe to be bolted to floor  or both floor & wall\*\*

What is the covering on the floor, over which the safe must travel?

Floor: \_\_\_\_\_

Stairs: \_\_\_\_\_

What type of floor is the safe to be bolted to? \_\_\_\_\_

Is the floor covered? YES  NO

If yes please give details: \_\_\_\_\_

Is there under-floor heating? YES  NO

If yes please give details: \_\_\_\_\_

\*Delivery to site on a specific date will incur an additional cost. Please enter the required date and we will call you back with the cost and feasibility.

\*\*Skirting board should be removed prior to arrival of fitters to enable flush fitting to wall.

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**Floor location of safe:**

Ground  Upper  (Please state floor) \_\_\_\_\_ Lower

If upper or lower how is the safe to be delivered? Stairs  Lift

**If by lift please advise:**

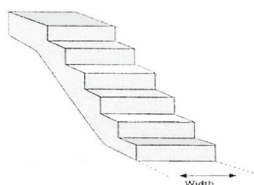
Loading capacity: \_\_\_\_\_ Door aperture dimensions: \_\_\_\_\_

**If by stairs please advise:**

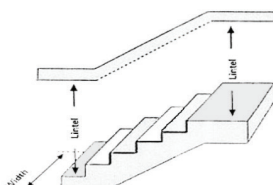
Total number of stairs: \_\_\_\_\_ Style of staircase (See diagram below) Option number: \_\_\_\_\_

**Construction type of stairs:** (Wood, concrete etc.)

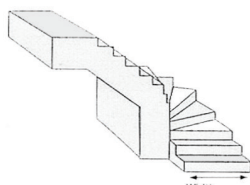
Lintel height: \_\_\_\_\_ Width of staircase: \_\_\_\_\_ Width & depth of resting place: \_\_\_\_\_



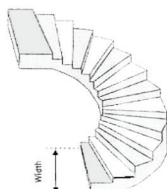
1. Straight staircase without bearer



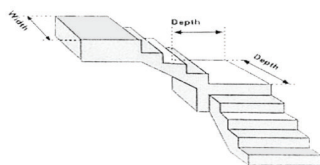
2. Straight staircase with bearer



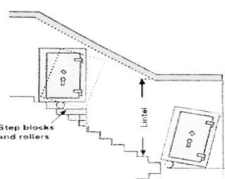
3. Staircase with 90 degree turning point



4. 180 degree circular staircase



5. Staircase with 90 degree angle & resting place



6. Staircase with 180 degree angle & resting place

**Additional Information:**

Whilst making an upper floor fixing disturbance could occur on the ceiling below.

The customer/end user is responsible for making the contractor aware of the position of services, pipes and/or cables etc during installation.

The safe installer/supplier cannot be held responsible for associated losses or damages caused to pipes/cables or ceilings during installation.

Securikey recommend that a safe is installed on a concrete floor against one or two solid walls. If this is not possible please select a location that is as secure as possible taking into account the construction of the floor and any adjoining walls. We recommend that you consult your insurance company if you have any doubt as to the suitability of your chosen location. Wherever possible Securikey's installers will install the item in accordance with the information contained herein. If work is required that is not detailed on this sheet additional charges may apply and an additional visit may be necessary.

I understand that Securikey accept no liability for losses arising as a result of installation of a safe in a location that does not comply with their recommendations or I have failed to make the installation team aware of the location of any services.

**Customer Signature:** \_\_\_\_\_

**Distributor Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Removal of existing unit.- Should you require the disposal of any existing safe, this can be arranged but may require a site survey and incur additional costs. Please indicate above if you require this service.