



EMERGENCY CONTACT UPDATE FORM– Lone Worker Devices

Please complete and return this form whenever the emergency contacts for your lone worker alert devices (LWADs) change so we can update the information with our monitoring centre.

Date : _____

Completed by : _____

Name of company: _____

Name of main contact: _____ Email : _____

If alert recipients or responder call contacts vary by unit, please complete a separate form for each lone worker alert device.

1) Name device 1 : _____

2) Name device 2: _____

3) Name device 3: _____

4) Name device 4: _____

Worker function: 1) _____, 2) _____, 3) _____, 4) _____

Update Emergency Contact Information

Please provide the contacts to be called, including: name, phone number, and an email address as backup.

1) Physical Location Address : _____

2) Site access instructions/code for emergency services (if applicable): _____

3) Phone number to reach the worker during their shift, if applicable: _____

4) SOS ALERT RESPONDER LIST:

#1) Name : _____ Tel : _____

#2) Name : _____ Tel : _____

#3) Name : _____ Tel: _____

#4) Name : _____ Tel: _____

5) FALL DETECTION RESPONDERS– if different (otherwise same as above)

#1) Name : _____ Tel: _____

#2) Name : _____ Tel: _____

#3) Name: _____ Tel : _____

#4) Name : _____ Tel: _____

6) LONE WORKER DEVICE LOW BATTERY ALERT : (if changed)

Low battery alert email to: _____

The emergency contacts listed above must be available to answer calls from the monitoring centre if an alert cannot be verified directly with the worker. If no responder can be reached, the monitoring centre will contact emergency services to request assistance at the worker's location.

It is your responsibility to keep the emergency contacts for each lone worker alert device (LWAD) up to date at all times. Please notify Laxson of any changes as soon as possible. Changes may take up to 24 hours to take effect.

*Please complete this document and send it by email to info@laxsonsolutions.com
or sales@laxsonsolutions.com*