EMERGENCY CONTACT UPDATE
FORM– Lone Worker Devices

Please complete this form whenever there is a change in your emergency contact list for Lone Worker (DATI) devices. Once completed, kindly return it to us so we can update the information with our call center.

Date :_____ **Completed by :** _____

Name of company: _____

Name of main contact: _____ **Email :**_____

If the alert destinations and responder call contacts are different from one unit to another, please use one form per Lone Worker (LWAD) device.

1)Name device 1 : _____ **2)Name device 2:** _____

3)Name device 3: _____ **4)Name device 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 of the site or worker : #Site Tel**_____ **Worker tel #**_____

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 :** _____

Emergency contacts listed above, must be available to answer a call from the call center if an alert cannot be validated directly with the worker. If no responder answers, the call center will contact emergency services and dispatch them to the worker's location.

6)LONE WORKER DEVICE LOW BATTERY ALERT :

Low battery alert email to: _____   _____

It is your responsibility to ensure that the emergency contacts for the Lone Worker (DATI) device are kept up to date at all times.
For any change, please notify Laxson 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