

Date: _____		Completed by: _____				
Type of work:	Manufacturing	Warehouse	Laboratories	Garage	Driver	Commercial Building
Name of company : _____						
Main contact : _____			Email : _____			
Type of Lone Worker Device:		G-SAFE				
Name of unit/units: _____, _____, _____, _____						
Unit will be supervised by:		<input type="checkbox"/> Colleague	<input type="checkbox"/> Guard	<input type="checkbox"/> Supervisor	Other: _____	
Unit will be used :		Indoors	Outdoors	Indoors & Outdoor		

Please select and complete the relevant information below for configuring the alerts management system.

Device Configuration for Internal Alert Management

Disclaimer - Internal Management - Requirements:

The individuals selected by the company to receive SOS calls must be available to answer at all times. If the chosen respondents do not respond, Laxson Solutions cannot be held responsible. I have read these conditions: initials _____

All the units will have the same designated contacts for alerts. If each unit has different responders, please use 1 document per unit

Check the supervisions you wish to receive:

Alerts to supervise: SOS Alerts Fall Alerts Low battery alert Geofence Zones Alerts

1) ACTION FOR SOS CALL & ALERT

Note for Internal Alert Management: Only individuals who are available to receive calls 24/7 should be added. If this is not possible, we recommend using the call center option instead.

SOS Call and Alerts for Designated Contacts: Please provide cell phone numbers for calls, as well as mobile and email addresses for alerts. A maximum of three contacts can be added.

#1)Name _____	Tel: _____	Email: _____
#2)Name _____	Tel: _____	Email: _____
#3)Name _____	Tel: _____	Email: _____

2) ACTION FOR ALL ALERT:

Same contacts as above

Please provide a cell phone number for calls and mobile/email alerts. You can add up to three contacts. Important Note: The fall detection function does not guarantee detection of 100% of falls. If a fall occurs and the device does not detect it, the user must press the SOS button to request assistance.

#1)Name: _____	Tel: _____	Email: _____
#2)Name: _____	Tel: _____	Email: _____
#3)Name: _____	Tel: _____	Email: _____

3) **Low Battery alert :** Email : _____

4) **GEOFENCES, if applicable (If applicable (limits of virtual outdoor areas radius 1000 meters) * only if the device is used outdoors:**

Geofence1 : complete adress : _____

Inbound Zone Alert

Outbound Zone Alert

Inbound & outbound Zone Alerts

Note that the voice call function of the SOS, of the G-SAFE works based on the availability of the 3G cellular network according to the location of the unit at the time of the alert.

If other contacts configuration are needed please advise us.

Please complete and save this document for your records. Once finished, kindly email us at sales@laxsonsolutions.com so we can configure your devices. Thank you!