Customer file information for configuring the LWAD UNIT for Call Center monitoring

Date: _____

Completed by: _____

TYPE OF WORK: Warehouse   Garage   Lab   Construction   Manufacturing

Name of company : _____

Main contact : _____   **Email :** _____

Type of device :   **G-SAFE**   **Globii**

Name of unit/units : _____, _____, _____, _____

Action for the SOS device   Alert and call at the call center   Alert without call

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

Device will be used :   Inside   Outside   Indoors and outdoors

SELECT AND COMPLETE THE APPLICABLE SECTIONS BELOW FOR THE ALERT MANAGEMENT CONFIGURATION

SECTION A : (*For the supervision of the internal battery and if applicable Geofence function of the DEVICE and for the event reporting, this can be sent to a specific person internally) If this is the case, please complete the information in this section*.

1) **Low battery alert :** Email: _____

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

3) Geofence1 : complet address : _____

       Entering zone alert   Exiting zone alert   Entering & exiting zone

Optional: Sending of the monthly event report: This report will be sent by email every month in pdf format. Up to 3 contacts can be added for reporting.

Emails: _____   _____   _____

(SECTION B) 24/7 CENTRAL MONITORING MANAGEMENT

SECTION B Information of responders to contact in case of emergency during notification validation by Central Supervision

1) Physical address of worker: _____

2) Onsite worker phone number I/A: _____

3) Alerts to be supervised by call center   SOS notification   Fall Notification

4) Name of person to be contacted in case of an emergency notification validated by the agents of the Call center monitoring center:

Name of contact #1 : _____   Telephone: _____

Name of contact #2 : _____   Telephone: _____

Name of contact #3 : _____   Telephone _____

COMMENTS : _____ _

_____

Complete and save this document for you files. Once completed please email us at sales@laxsonsolutions.com for the configuration devices.