

* Mandatory Fields (Please Complete)

GL02 NEW / AMENDED ASSIGNMENT DETAIL

Use this form to advise assignment details to be included to the service provided

CONTROL ROOM SERVICES:

Complete All Sections, and return to GalliNet Control & Information Centre for system entry.

Note: - All assignment detail(s) entered on behalf of clients are done so on a grace and favour basis. Responsibility for the accuracy of all information entered remains with the clients in all instances.

*Client Name (Your Company)	[Your company Name]							
Assignment Detail(s):-								
*Today's Date		*Type Of Service Provided (Security Officer / Porter / Service Attendant / Logistics / Lone Worker / Other)						
DD/MM/YY	Static Gua	Static Guarding / Key holding Alarm Response						
*Site Name (The only name to which the site will be referred to as)	Name of s	Name of site						
*Address (Exact Location)	Full site a	Full site address including postcode						
Please provide all address detail, including Postcode								
*(Site Telephone Number	r						
The number can be con	er on which tacted	the officer						
Operational Information: (provide detail(s) for Contractual duties) (Please continue on additional sheet if required detailing –Site Name)								
Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	Sunday	
0700-1900	0700-1900	0700-1900	0700-1900	0700-1900		0700-1900	0700-1900	
3,00 1,00		0,00 1,00	0,00 1,00	0,00 1		1900-0700	1900-0700	
*Health & Safety Check(s) / Check Call Requirement(s) (Check Calls are a General Health & Safety Requirement) (Detail Specification Required –i.e., Hourly from 19:00 Hrs-to-07:00 Hrs etc)								
Check calls hourly, on the hour. All shifts								
*Post-Time Window for ON Calls (Number of minutes allowed for call acceptance AFTER due time)			*Pre-Time Window for CHK Calls (Number of minutes allowed for call acceptance BEFORE due time)		*Post-Time Window for CHK Calls (Number of minutes allowed for call acceptance AFTER due time)			
45 Minutes		15 Minut	15 Minutes		15 Minutes			
*Call Escalation Peoplehours™ will attempt to contact the officer's mobile number, thereafter please provide at least two Names and numbers to be contacted in the event of any missed call. Please note that any deviation from the format detailed below will require submission and pre-approval by Gallinet.								
 Call Assi Call 	cers Mobile telepho							
L								

Form GL02 Issued: 18.12.2017 Approved: MK