

* Mandatory Fields (Please Complete)

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)	
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Assignment Detail(s) :-

*Today's Date	*Type Of Service Provided (Security Officer / Porter / Service Attendant / Logistics / Lone Worker / Other)	
*Site Name (The only name to which the site will be referred to as)		
*Address (Exact Location) Please provide all address detail, including Postcode		
*Site Telephone Number		

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

*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)

*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)

*Call Escalation 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.
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<ol style="list-style-type: none"> 1. Call officers Mobile telephone 2. Call Assignment telephone 3. Call _____ 4. Call _____
