



Block B Waterkloof Park
469 Julius Jeppe Street
Waterkloof 0181 **PRETORIA**



Customer Care:
0861 909 101

Selftrack Panic Button

Recovery:
0861 742 778

CASI (**Call All Stations Immediately**) offers individual and/or group emergency assistance by making use of the CASI app and the CASI Control Room (CCR) This document outlines the processes followed in the service registration and handling of an emergency situation.

Company Reg. No. 2007/012153.07
VAT Registration No. 4800 247 159

Directors:
PH Coetzee VII
PH Coetzee VIII

The CASI mobile app or panic button may be used to activate a request for assistance in an emergency situation. This will send the user's information and real-time location to the CCR for the appropriate action, based on the individual and/or group's special procedures requested. Based on the procedures specified the CCR will activate the relevant standard operating procedure as further described below.

Emergency Standard Operating Procedure (SOP)

Once a panic has been activated, the following emergency assistance procedures will be performed:

1. A bluetooth panic button or mobile app panic alert is activated;
2. The CASI Control Room receives the panic alert and location;
3. CCR confirms emergency with user and gather information related to the emergency;
4. The CCR notifies relevant parties according to the special procedures;
5. CCR dispatches Security or Medical assistance to the user's locations; and
6. Once the incident has been resolved, CCR provides an incident response report.

Special Procedures

In order to protect personal information, individuals and groups may request their own special procedures through completion of the **CASI TAKE-ON FORM** (see below **Annexure A**). Both **Individual** and **Group** Special procedures may be requested and are loaded onto the relevant CASI profile/s. Special procedure requests will typically include contact and medical details as well as specific instructions to be followed during security or medical emergencies.



CASI TAKE-ON FORM

NAME & SURNAME			
Residing Areas			
Medical Information			
Emergency Cellphone Nr	MAIN	Alternative 1	Alternative 2
Special Instructions			

GROUP / Project Name			
Group / Project description			
Areas of operation			
Start Date:		End Date:	
Group Emergency Contacts	MAIN	Alternative 1	Alternative 2
Special Instructions			