

safeTstep® Accident Report

Name of Company: _____

Claimant Name: _____

Location of Accident: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Accident: _____

Description of Accident/Injury: _____

Description of safeTstep shoe being worn at the time of the accident: _____

Was employee performing a routine work function?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did employee slip on any solid obstacle on the floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did accident occur on stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did accident occur in any environment under 32° F?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The undersigned has reviewed the details of this claim and certifies that the information included in this report is true and correct to the best of their knowledge.

Manager's Name _____ Title: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

STATE OF

} SS

COUNTY OF

On the _____ day of _____, 20____, before me personally appeared _____ to me known to be the person(s) named herein and who executed the foregoing document on behalf _____ of acknowledged to me that voluntary executed the same.

My term expires: _____, 20____. _____ Notary Public

Please mail complete form and all supporting documents to: Payless ShoeSource Attn: Risk Insurance Department 3231 SE Sixth Ave. Topeka, KS 66607 or Fax to: 785-295-2080.