

Strategies to Empower People (STEP) Program Accident Report - Addendum

Worker #	_____
Caseload #	_____
JAS ID #	_____
Injured's SSN:	_____
Participant Claim #	_____
FITAP #	_____

Provider Site: _____

Participant Name: _____ Addendum to STEP Program Accident Report dated _____

Purpose of this report: Follow-up Corrective Action Response

LWC Representative: _____ Title: _____

Provider Representative: _____ Title: _____

Recommended Corrective action:

Alert for immediate action:

Additional comments and observations:

Program Consultant Date

I accept the corrective action plan described above.
 I do not accept the corrective action plan described above.
 I have no comments.
 Response to comments/suggestions or course of action recommended:

WEP Provider's Signature Date