



Safety Footwear Worksheet

Your Ritz Safety Account Exec.: \_\_\_\_\_(please print)

Your Company Name: \_\_\_\_\_(please print)

You Name and Title: \_\_\_\_\_(please print)

Your Company Phone Number: \_\_\_\_\_(please print)

- 1) How many associates does your company employ?
  
- 2) Does your company currently have a safety footwear program?
  
- 3) What are the company allowances and does do you allow Payroll Deduction for overages?
  
- 4) What is the eligibility for allowing an employee to get new footwear? (annually is average)
  
- 5) What are the minimum features your approved safety footwear must have? (steel toe, waterproof, electrical hazard protection, etc)
  
- 6) Are there any special items your company will pay for in addition to footwear? (insoles, metatarsal protectors, etc)

**Please fax to:**

**Ritz Safety · ATTN: Customer Service  
954-971-1272 Fax · 800-451-3077 Phone**