



Prescription Safety Glasses Procedure

All prescription safety glasses shall comply with any of the ANSI/ISEA Z87.1-2010, ANSI Z87.1-2003, or ANSI Z87.1-1989 eye/face design standards. ***Permanently affixed side shields are required on all safety glasses.***

For positions descriptions requiring safety glasses where an individual needs corrective lenses, this program is authorized for **full-time employees** to obtain prescription safety glasses. Employees are eligible to receive a pair of prescription safety glasses free of charge **every two years**.

Step 1: Identification of requirement for using safety glasses

Supervisors should complete personal protective equipment (PPE) assessment for that job/classification. The PPE assessment questionnaire (Job Hazard Analysis Form) is on Risk Management – EHS – Risk Assessment webpage. Before completing the Job Hazard Analysis Form, you may want to take Job Hazard Analysis PPE Training from the same page.

Step 2: If an individual required corrective lenses for a position identified as requiring safety glasses, fill out the [Employee Prescription Safety Glasses Application Form](#), get the signature of your supervisor and email to EHS Specialist, conarank@uwsp.edu.

Step 3: EHS Specialist will fill top section of your [Eyeglasses Order Form](#), sign, and send to you.

Step 4: Employees should make an appointment at **one of eye clinics that work directly with Hi Tech Optical (see [Provider Locations](#) for list of clinics)** to get an eye exam and fill out Eyeglasses Order form.

Step 5: Employees will select prescription safety glasses with the assistance of the dispenser.

Step 6: Dispenser will complete the order form and **employees have to pay any self-pay amount on the order form**.

Step 7: Employees prescription safety glasses will be shipped back to the dispenser.

Step 8: Employees will return to dispenser for pick up and final fitting and employees will be professionally fitted by the dispenser).



Important Notes:

- State Health Insurance pays for eye exams every two years. Employees' insurance is the primary coverage. If employees' insurance does not cover, partially covers, or you have no insurance, UW-Stevens Point pays the cost balance. So then, employee should fill [Eye Exam Related to Safety Glasses Purchase form](#) and contact x 2052 for questions.
- If employee bring a documentation from doctor/clinic which shows that employee need to have Progressive-Natural, Ideal or Life Scape lens style (Eye Order Form Section 2) for medical reason, UW-Stevens Point covers that amount as well.
- If the eye clinic charge employee extra for filling the order form, employee should fill [UWSP Payment Order](#) form and make sure that Department ID that is used is signed by Wisdom Manager of that Department. Then, employee should attach the paid receipt and send or scan & email to Payment Services for reimbursement.



Prescription Safety Glasses Order Form

General Information

Eye protection shall be provided for permanent UWSP employees who are exposed to any hazards, which may cause injury to the eyes.

Safety glasses provide frontal protection only from such hazards as flying particles encountered in woodworking, machine metal work, general warehouse, stock clerk, dock work, brush clearing, etc.

Prescription safety glasses do not provide adequate eye and face protection from such hazards as chemical splash, fumes or flying particles coming from any direction other than the front.

Permanently affixed side shields are required on all safety glasses, and are not to be removed.

Request Procedure

Provide the following information and get the appropriate signatures in order to process your request for glasses.

Employee Name:	
Department:	
Classification/Title:	

I hereby agree to wear the safety glasses provided at all times when engaged in work for which they are required as determined by management. I understand the safety glasses are provided for my protection. I also agree not alter the frame as provided by the manufacturer including not removing the side shields.

Employee Signature Date

I have reviewed this request and have verified that there is a PPE Hazard Assessment on file for this position.

Supervisor Signature/TitleDate

Department number to be charged

Budget Director Signature/Title

Date



University of Wisconsin-Stevens Point

Business Affairs
Environmental Health and Safety

Stevens Point WI 54481-3897
715-346-2320; Fax: 715-346-3780

Eye Exam Related to Safety Glasses Purchase

If basic eye exam is not covered under insurance, please invoice UW-Stevens Point for the amount of _____'s basic eye exam (employee is responsible for any additional services).

The invoice should be mailed directly to UW-Stevens Point for payment at the following address:

University of Wisconsin-Stevens Point
Payment Services
2100 Main Street Room 041E
Stevens Point, WI 54481

Contact at 715-346-2052 with questions.