

Application for Employee Prescription Safety Glasses

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.

Employee Signature

Date

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

Department number to be charged _____

Supervisor Signature/Title

Date