

## Prescription Safety Glasses Application

**Employee** I have a valid prescription and agree to wear the prescription safety glasses with side shields provided at all times when engaged in work for which they are required.

Employee's Name (Last, First)	Signature	Date
Job Title	Department/Academic Unit	Phone

**Supervisor** I have discussed with my employee that he/she shall wear safety glasses with side shields for work activity identified in the risk assessment on page 2, and I approve payment by the employer for prescription safety glasses with selected options on page 3 for up to \$ \_\_\_\_\_.

Supervisor's Name (Last, First)	Signature	Date
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### General Information

The DOA State Bulletin states IF AN EMPLOYEE IS NOT REQUIRED TO WEAR OCCUPATIONAL EYE WEAR FOR HIS/HER JOB RESPONSIBILITIES FOR THE STATE OF WISCONSIN, THEY ARE NOT ALLOWED TO PURCHASE SAFETY GLASSES FROM THIS CONTRACT.

Eye protection shall be provided to State Employees who are exposed to any hazards that may cause injury to the eyes. Safety glasses with corrective lenses is one option to meet this requirement. Non-prescription safety eyewear worn over prescription eyewear is another option to meet this requirement. Refer to 29 CFR 1910.132 and 29 CRF 1910.133, as incorporated by SPS 332.50, for additional information.

Safety glasses provide frontal impact protection only from such hazards as large flying particles encountered in woodworking, machine metal work, general warehouse, stock clerk, dock work, brush cleaning, etc. Side shields are necessary for side protection from flying particles. For fine dusts or particulates, dust goggles are required.

Prescription safety glasses do not provide adequate eye and face protection from chemical splash or fumes. Safety glasses also do not provide protection from fine particulates that may be blown into or around the safety glasses.

Please see attached page for lenses, frames, etc. available under contract and costs affiliated with them. Also, please notice replacement parts and miscellaneous items and costs involved, if the supervisor should choose to authorize these for the employee. Please review carefully before signing this application.

## Risk Assessment and Guidance

The employer, supervisor, or manager should:

1. Evaluate all jobs and tasks to be performed by the employee(s) and in the table below, identify and check the work activity, work-related exposure hazard(s) and required PPE.
2. Determine the appropriate feasible controls, including engineering controls, work practices and safety eyewear.
3. Provide safety glasses with prescription corrective lenses according to the provision of this guidance for employees who normally use prescription corrective lenses at work.

Check employee work activity, related hazards and required PPE:

Work Activity	Work-Related Exposure Hazard	Require PPE
<input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Chipping <input type="checkbox"/> Chopping <input type="checkbox"/> Computer Work <input type="checkbox"/> Cutting <input type="checkbox"/> Drilling <input type="checkbox"/> Grinding <input type="checkbox"/> Hammering <input type="checkbox"/> Punch press operations <input type="checkbox"/> Sanding <input type="checkbox"/> Sawing <input type="checkbox"/> Soldering <input type="checkbox"/> Torch brazing <input type="checkbox"/> Welding <input type="checkbox"/> Working outdoors <input type="checkbox"/> OTHER (include description):	<input type="checkbox"/> Blood splashes or aerosols <input type="checkbox"/> Chemical mists or liquids <input type="checkbox"/> Dirt, chips or sand <input type="checkbox"/> Dust, nuisance and airborne <input type="checkbox"/> High intensity lights or glare <input type="checkbox"/> Hot sparks, grinding <input type="checkbox"/> Laser operations <input type="checkbox"/> Molten metal splashes <input type="checkbox"/> Particles or flying objects <input type="checkbox"/> UV light <input type="checkbox"/> OTHER (include description):	<input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Face shield <input type="checkbox"/> Face shield with safety glasses or goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Laser safety eyewear <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Safety goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Welding helmet/shield with safety glasses & side shields <input type="checkbox"/> OTHER (include description):

Additional resources for hazard assessment are available online at  
<http://www.uhs.wisc.edu/occ-health/hazard-assessment/index.shtml>.

