



Subject: Safety Forms: **Safety Eyewear Protection Authorization**

Section: IV

Date: 03/29/2019

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Steward Observatory

Safety Eyewear Purchase Authorization

Date: _____

This form is to authorize _____ to purchase prescription safety eyewear.
(employee name)

This program is 100% employee paid by credit/debit card at time of order, including the cost of an eye examination and prescription. For reimbursement of the cost of the eyewear or \$100.00; whichever is the lesser amount, the employee must provide proof of the following:

- eyewear meets or exceeds the ANSI Z87-1989 standard
- this completed signed form
- a valid receipt/invoice
- submit to the Safety Officer for reimbursement within 90 days of purchase

To obtain safety eyewear the employee must go to the Northern Safety vendor website:

<https://www.northernsafety.com/Product/RXSAFETYEYEWEAR/3M-Prescription-RX-Safety-Eyewear>

You'll be able to choose from a \$169 Basic Package with over 20 styles in Hoya's plastic frames or a \$199 Enhanced Package which includes the entire Basic Package plus over 30 additional frame styles from the Hoya Collection, including titanium and stainless steel.

The program makes available a selection of single, bifocal, trifocal and progressive additional lens designs, anti-fog coating, or anti-scratch, easy-clean coating, solid or gradient tint, integrated, detachable or permanently attached sideshields.

Once an employee is reimbursed for the safety eyewear, she or he is required to wear said eyewear on the job and encouraged to wear them off the job.

Employee Name (Please Print)

Employee Signature

Supervisor Signature

Safety Officer Signature

Account Number

Project Number