

**PHYSICAL FACILITIES AUTHORIZATION FORM
FOR PERSONAL PROTECTIVE EQUIPMENT
PRESCRIPTION SAFETY GLASSES**

EMPLOYEE NAME: _____

DEPARTMENT: _____

ACCOUNT NUMBER: _____

It has been determined that prescription safety glasses that meet the ANSI Z87.1-1989 Standards are a requirement of your position based on information in Occupation Safety and Health Administration (OSHA), regulations 29 CFR 1910.133/, Subpart I.

A reimbursement of up to \$150.00 toward the purchase price of the prescription safety glasses will be given.

Repair/replacement is due to a workplace accident and a first report of injury has been filed on __/__/__

By my signature, I am aware that safety glasses must be worn at all times when I am actively engaged in any work requiring safety glasses, while in pay status, at Purdue University.

EMPLOYEE SIGNATURE

PUID

DATE

SUPERVISOR SIGNATURE

DATE

Purdue University agrees to pay an annual reimbursement for the purchase of prescription safety glasses for regular employees who have received their supervisor's authorization based on the hazard assessment for the position.

Any employee who falsifies this form shall be subject to disciplinary action in accordance with University Policy.

**ONCE THIS FORM IS COMPLETED PLEASE ATTACH THE RECEIPT FOR
THE SAFETY GLASSES AND RETURN TO YOUR SUPERVISOR**