

PHYSICAL FACILITIES PRESCRIPTION SAFETY GLASSES POLICY

Departments are responsible for an annual reimbursement paid to employees who are required to wear prescription safety glasses, as outlined in this policy.

A Hazard Assessment must be completed for each position to determine the need for safety glasses. The departments are responsible for completing the hazard assessments and getting safety glasses requirements added to the job description for the position.

The annual or bi-annual reimbursement will be paid to regular full-time employees who are required to wear prescription safety glasses. Students and temporary employees will not receive a reimbursement, but will be provided with non-prescription safety glasses from their departments. It is the responsibility of the employee to check with the provider for warranty information for personal repairs. Supervisors must certify that a first report of injury has been filed for all repairs/replacements due to workplace accident before the University will pay. It is the recommendation that employees coordinate this with the VSP benefit and select the provider of his/her choice.

If the need for prescription safety glasses is determined, the Physical Facilities Authorization Form For Personal Protective Equipment – Prescription Safety Glasses (Revised Form 52) must be prepared by the supervisor. This form along with the receipt for the safety glasses must be forwarded to the person designated in the department who will be generating the reimbursement checks.

Annual or bi-annual reimbursement checks will be made after verification of eligibility and receipt of purchase have been forwarded to the business office. Each department is responsible for initiating the necessary paperwork to generate these checks. Employees are eligible for reimbursement up to \$150 per year or \$300 every two years.

Questions about this policy can be directed to your Business Office.

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

EMPLOYEE NAME: _____

DEPARTMENT: _____

ACCOUNT NUMBER: _____

GL ACCOUNT: **522205**

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 Occupational Safety and Health Administration (OSHA), regulations 29 CFR 1910.133, Subpart I.

A reimbursement up of the safety glasses will be given.

_____ \$150 per 1 year

_____ \$300 per 2 years

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

ALIAS

DATE

SUPERVISOR SIGNATURE

DATE

Purdue University agrees to pay an annual or bi-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**