**Sample Request Form for Safety Glasses**

Revised February 3, 2021

*This is a recommended procedure. Departments may modify this Form to fit their internal department procedures with the exception of the “Requirements” section under Section 1.*

**Where there is a danger of flying particles or other solids entering the eyes, the university will provide spectacle-type safety glasses to its staff members. Where protection from splashing chemicals or harmful rays is needed, please consult for other types of eye protection.** Note: Safety glasses should not be worn under a full-face respirator because the frames interfere with the seal. Inserts can be purchased for this purpose.

**Instructions:**

1. Employee obtains up-to-date prescription and completes Section 1.
2. Supervisor completes Section 2.
	1. Where applicable, review applicable department policies or collective agreements for reimbursement of PPE.
3. After sections 1 and 2 are completed, employee purchases safety glasses. Employee submit this Form, a copy of the prescription and a copy of the invoice to their supervisor (e.g. for reimbursement or other department procedure).
4. ***It is the responsible of the supervisor and employee to ensure that the frames selected meet CSA standards (see Section 3).***

**Section 1 – Completed by Worker**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Personnel #** |  |
| **Department** |  | **Job Title** |  |
| **Type of Eye Hazards Encountered** | Flying Particles YES NOChemical/Biological Hazard YES NO  |
| **Requirements**1. All Safety Glasses must meet CSA Standard Z94.3.1. Certification mark (CSA) should appear on the frame and/or temple and on packaging or declaration by manufacturer’s label. “CSA-Z94.3” should appear in the temple area of the frames. *It* ***is the responsible of the supervisor and employee to ensure that the frames selected meet CSA standards..***
2. Safety glasses are meant for protection from flying particles or other solids entering the eyes, not from chemical solutions and biological fluids. Employees who may be exposed to an eye hazard from chemical solutions or biological fluids must also wear safety goggles on top of their safety glasses.

Worker’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_By signing here, the employee agrees that they have reviewed and understood all points in the “Requirements” sections.  |

**Section 2 – Completed by Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job Title** |  |
| **Department** |  | **Phone number** |  |
| **Approval Granted** | YES NO |

By signing this form, the supervisor acknowledges:

1. that the worker is exposed to eye hazard(s) as noted above and therefore requires spectacle-type safety glasses
2. that they (the supervisor) has reviewed and understood the information provided under “Requirements” in the previous section.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_