Request For Safety Eyewear

Please type or print information clearly

Employee Information (to be completed by employee before purchase)

1. First Name		2. Last Name		
3. Company	4. Employee Number	5. Center Number	6. Position/Title	
7. Building Number	8. Room Number	9. Telephone	10. E-mail Address	
11. Type of Employee (check one) ☐ Contractor ☐ Government ☐ Other (specify):	12. Type of Eye-Hazardous Occupation ☐ Laboratory ☐ Laboratory Animal Sciences Program ☐ Shop: Occupation: ☐ Other (describe hazards):	13. Type of Order (check one) ☐ New ☐ Replacement ☐ Repair	14. Type of Glasses ☐ Plain ☐ Prescription	15. Prescription Date
16. Date of Request	17. Comments			

All signatures of approval must be obtained prior to visiting the on-site optician.

Certification (to be completed by supervisor or administrative officer)

The above named individual has authorization to purchase safety eyewear in accordance with established policies. (The employee is responsible for costs incurred above the policy-set amount paid by the contractor.)

18. First Name	19. Last Name	20. Title
21. Signature		22. Date

Approval (to be completed by EHS)

23. First Name	24. Last Name	25. Title
26. Signature		27. Date

Clear Form | Print Form Only | Print Form and Instructions

Request For Safety Eyewear – Instructions

1. First name of employee
2. Last name of employee
3. Company name of employee
4. Employee number
5. Center number of employee
6. Position/title of employee
7. Building number of employee
8. Room number of employee
9. Telephone number of employee
10. E-mail address of employee
11. Type of employee (contractor, government, or other)
12. Type of eye-hazardous occupation (laboratory, shop, etc.). Shop employees need to provide a specific occupation within the shop.
13. Type of order (new, replacement, or repair)
14. Type of glasses (plain or prescription) – if prescription, attach to request
15. Prescription date
16. Date of employee's request
17. Comments
18. First name of supervisor or administrative officer (AO)
19. Last name of supervisor or AO
20. Title of supervisor or AO
21. Signature of supervisor or AO
22. Date of supervisor or AO signature
23. First name of Environment, Health, and Safety (EHS) approval officer
24. Last name of EHS approval officer
25. Title of EHS approval officer
26. Signature of EHS approval officer
27. Date of EHS approval officer signature