Request For Safety Footwear

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. Date of Last Safety Shoe Purchase	13. Type of Foot-Hazardous Occupation ☐ Laboratory Animal Sciences Program ☐ Glassware Operation ☐ Laboratory ☐ Shop: Occupation: ☐ Warehouse ☐ Other (describe hazards):	14. Special Requirements (if none, so state):

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

Certification (to be completed by supervisor or administrative officer)

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

15. First Name	16. Last Name	17. Title
18. Signature		19. Date

Approval (to be completed by Environment, Health, and Safety)

20. First Name	21. Last Name	22. Title
23. Signature		24. Date

Delivery (to be completed by vendor)

25. Delivered by	26. Date

Clear Form | Print Form Only | Print Form and Instructions

Request for Safety Footwear – 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. Date of employee's last safety shoe purchase
13. Type of foot-hazardous occupation (laboratory, shop, etc.). Shop employees need to provide a specific occupation within the shop.
14. Special requirements
15. First name of supervisor or administrative officer (AO)
16. Last name of supervisor or AO
17. Title of supervisor or AO
18. Signature of supervisor or AO
19. Date of supervisor or AO signature
20. First name of Environment, Health, and Safety (EHS) approval officer
21. Last name of EHS approval officer
22. Title of EHS approval officer
23. Signature of EHS approval officer
24. Date of EHS approval officer signature
25. Vendor to enter delivered by information
26. Vendor to enter date delivered