

Request for Prescription Safety Eyewear

Indiana University Prescription Safety Eyewear Information

I. Employee Name: _____

Is authorized to:

- A. Receive new prescription safety eyewear :
 - a. Safety glasses
 - b. Safety sun glasses
 - c. Safety goggles
- B. Have existing safety eyewear repaired

Job Hazard Assessment completed by OEHSM? Yes No
Side Shields: Permanent _____ Removable _____

Describe any options requested, and rationale _____

II. Billing Information:

Department: _____

Account Number: _____ Sub Account Number: _____
Object Code (4565 Default) _____ Sub Object Code: _____

III. Approvals:

Supervisor's Name (please print)	Title
_____	_____

Supervisor's Signature	Date	Phone #
_____	_____	_____

OEHSM Signature	Date
_____	_____

Comments: _____

Instructions for Requesting Prescription Safety Eyewear And Completing Request Form

All departments and employees covered by the Indiana University Safety Eyewear Program must use this form to request prescription safety eyewear. The Indiana University School of Optometry will not issue eyewear without a completed form.

The purpose of the form is to:

- Verify that a Job Hazard Assessment has been completed and safety eyewear is required for the job.
- Provide departmental account information for billing purposes.
- Assist in tracking safety eyewear issued to employees.

To complete the form:

- Supervisor to provide employee and billing information and appropriate department signatures.
 - Form must be legible. Please print clearly.
 - Provide employee's name as officially listed with the university.
 - Select and circle Section I.A. or I.B as appropriate. For I.A., new glasses, select a, b, or c. If b or c is selected, complete "describe options" section
 - Indicate whether JHA has been completed or not.
 - Include billing information and approval signatures.
 - Forward completed form to IU OEHSM
1514 E. Third Street, Bloomington, IN 47405
Attention: Safety Eyewear Program Coordinator
- Safety Eyewear Program Coordinator will verify that JHA has been performed, and is current; if not will schedule and perform JHA before approving request.
 - Safety Eyewear Program Coordinator will approve form
 - Make copy of form for EHS records
 - Return original Form to Employee's Manager
- Employee's Manager will forward form to employee (maintaining any desired records)
 - ❖ Employee will schedule appointment for eye exam, if needed, and for obtaining eyewear with the IU School of Optometry.
 - ❖ Employee will meet with IU School of Optometry personnel to select eyewear and have same properly fitted.

Exceptions:

If the OEHSM Job Hazard Analysis indicates that safety eyewear is NOT required, the department may choose to purchase the safety eyewear for the employee anyway. If so, OEHS will sign the form and indicate (in comments section) that the eyewear is not a safety requirement.

Any employee may purchase safety eyewear, whether required by job hazards or not. In this case, the employee will be responsible for all costs.