



ES&H Section

FERMILAB

PRESCRIPTION SAFETY EYEWEAR REQUEST

Employee Name [] ID # []

Division / Section [] Mail Stop [] Ext. []

The employee's work activities require that he/she wear safety glasses. Fermilab will provide prescription safety eyewear in accordance with ANSI Z87.1 as indicated below.

Please obtain the signature of your supervisor to order prescription safety eyewear having the options in the box below. All lenses will be polycarbonate. A separate form is required for each pair of safety eyewear.

- Basic eyewear, Sunglasses, VDT (computer) lenses, Polarized lenses, Side shields Perm. Attachment, Side shields detachable, Brow guards, Transition Lenses

What job functions require the use of this pair of safety eyewear?

[]

I have read the Prescription Eyewear Guidelines in FESHM Chapter 4130.

APPROVAL

Supervisor's signature: _____ Extension: _____ Date: _____
Print clearly / Sign I.D.#

The option in the box below is strongly discouraged since glass lenses present an unacceptable risk of injury in some work situations. This option may only be ordered after evaluation, and signature approval of ALL the persons indicated.

- Glass lenses - Although glass lenses meet safety design specifications, they may shatter on severe impact. Plastic safety glasses will not shatter.

GLASS LENSES - APPROVALS:

Supervisor's signature I.D.# Date

D/S Safety Officer's signature I.D.# Date

Please see back side of this form for procedures for obtaining prescription safety eyewear

PROCEDURES FOR OBTAINING PRESCRIPTION SAFETY EYEWEAR

1. You must have a prescription for corrective lenses that is no more than **12 months old**. You may have your eyes examined by any qualified eye specialist. **FERMILAB DOES NOT PAY FOR EYE EXAMS.**

2. With the help of your supervisor and/or safety officer, fill out the reverse side of this form. The form should be signed by your supervisor and others as indicated. **A form is required for EACH pair of glasses you need to perform your job.**

3. Bring your prescription and **completed form** with you to order prescription safety eye wear.

An on-site optician is available every Friday, 9:00-Noon (unless posted otherwise via the ES&H web site) at the following location within Wilson Hall:

Medical office, Ground Floor, NW Corner.

Appointments can be made via the following: <http://esh-docdb.fnal.gov/cgi-bin/RetrieveFile?docid=2313>

4. If you choose a frame style that has an additional charge, you will have to pay that amount **prior** to your order being placed.

MasterCard/Visa is the preferred method of payment.