## APPLICATION FOR PRESCRIPTION SAFETY GLASSES

In accordance with the DPS memorandum on ""Provision of Prescription Safety Glasses," as amended, the following application is submitted:

Name Division/Dept Job Title Position No.	t.										
1.	The employee (already wears) or (is required to wear) prescription glasses. (Cross out the non-applicable provision.)										
2.		mployee is required to perform work where machines, environment, or tions present eye hazards of harmful liquids or flying materials of any kind.  Briefly describe the work requiring the use of safety glasses.									
	b.	Check	off the eye hazards involved:	<u>Ye</u>	<u>es</u>	<u>No</u>					
		. ,	Flying objects (Rocks, sticks, metal Chips, etc.)	_							
			Fixed protruding objects (Tree limbs, reinforcing iron, etc.)	_		_					
			Liquids (Acids, cleaning detergents, paint, etc.)	_							
		` '	Dust (industrial) (Grinding, sanding, blasting)	_							
		(5)	Others (describe)								
3.	There is a reasonable probability of injury to the employee's eyes that can be prevented by use of prescription safety glasses.  Yes No										
	a.	How often is the employee exposed to the eye hazards?  Once a day Once a week  Irregular intervals (explain)									

4.	requir	the employee already possess prescription safety glasses meeting the ements of the American National Standard for Occupational and ational Eye and Face Protection (Z87.1-1968)?  Yes No									
5.	Replacement (Fill in only if it is for replacement)										
	a.	Was the prescription safety glasses and/or frame (damaged) or (lost) in the performance of his duties?									
					Yes	No					
		(1) (2)	What was damaged How was it damage								
	b.	Did th	e employee's vision	change?	Yes	No					
		(1)	Is there a doctor's o	certificate to verify	the vision chan	•					
6.		many pairs of prescription safety glasses was this employee issued this ndar year?									
	mploye knowle		es that the answers	to the statement a	re correct to the	e best					
		Signed by Employee				Date					
			that the employee be nce with the DPS me	-	escription safety						
				Supervisor		Date					
	Appro	ved/Dis	sapproved								
				Departmental Re	presentative	Date					
Distrib	oution:	Emplo Depar DPS (	•	Relations and Safe	ety Div.)						

## Reformatted 10/96