

Safety - Toe Shoes Policy and Purchasing Guidelines

Background: The revision to occupational safety and health's (OSH) personal protective equipment (PPE) standards updates requirements to reflect the current technology and improvements in PPE, and adds provisions for assessing hazards and employee training. The rule improves worker acceptance of wearing PPE by providing information on applicable PPE for a particular work activity and for state employees, permits employee selection of a PPE that meets personal as well as work requirements. Foot protection includes safety shoes or boots and leggings.

General requirements: The employer must assess the workplace to determine if hazards are present or likely to be present which necessitate the use of PPE. As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment must be certified and in writing.

Foot and leg protection: Foot protection of foot and legs include protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.

Purpose: To establish the process of assessing foot hazards to determine the appropriate foot PPE and to permit employees to select and obtain the proper foot protection for hazards identified in the assessment so as to eliminate or reduce the severity of workplace foot injuries as required by OSH rules.

Shoe manufacturing standards: Safety footwear is classified according to its ability to meet minimum requirements for both comparison and impact tests. These minimum requirements are contained in the American National Standards Institute (ANSI) standards. All safety shoes purchased under this program must comply with ANSI Z41-1991 PPE standards. **All safety shoes** have impact-resistant toe protection. Types of foot protection include:

Impact and compression resistance footwear: The toe area is protected by protective toecap construction referred to as "steel toes" (other non-metallic materials are also used). The construction minimizes toe injuries due to falling or rolling objects over the toe area such as a 55-gallon steel drum roll over. There are three levels of compression protection correlating to toe cap resistance to retain the acceptable toe clearance from impact of 30, 50, and 75 foot-pounds (ft/lbs.) of force. The level of compression resistance is also referred to as Low (L), Middle (M), High (H) levels of impact resistance or severity of potential injury. All safety shoes have a severity impact rating.

Metatarsal footwear. The construction of the shoes includes protection of the upper foot (metatarsal bones) and the toe area. It is designed to prevent or reduce injuries when the toe and metatarsal areas of the foot are exposed to "drop" hazards. Metatarsal protection can be of internal or external design.

Electrical hazard footwear. The sole construction is designed to reduce hazards due to the contact of the sole with electrically energized parts and to provide secondary electrical hazard protection on substantially insulated surfaces. The soles of electrical hazard footwear are designed to reduce the potential of electric shock when soles are exposed to open circuits of 600 volts or less under dry conditions.

Sole puncture: The construction of the shoes is designed to reduce the possibility of puncture wounds to the soles of the feet by objects such as nails, glass, or sharp metal that can penetrate the soles of footwear.

Other Requirements: Additional foot protection requirements include: water resistance (wet or damp exposures), heat resistance - top (heat or fire exposure like welding), heat resistance - sole (firefighting), slip resistance (slippery or wet exposures), and high - cuts (low level flying pebbles, thick underbrush, weed eater operations, etc.). Note: When not required, high cut style of foot protection is an employee option.

Responsibility: Human Resources Development Department (HRD): HRD coordinates the statewide implementation of the program, initiate changes as appropriate, and coordinate program provisions with applicable employee organizations. The department will also develop an initial list of vendors desiring to participate in the program and provide training to managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

Department of Accounting and General Services (DAGS): DAGS oversees the application of the program with respect to purchasing rules and disavow payment of purchases not complying with this program.

Departments and Agencies of the Executive Branch: All departments that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. Departments are also tasked to provide applicable reports and data as may be required to provide a base for improving the program or for determining fiscal guidelines for continuous program improvement, and to assist in expanding the list of vendors on the neighbor islands that agree to the conditions of sale requirements for state purchases of foot PPE (informs HRD so that other departments are informed). Department work unit responsibilities include:

Manager: The manager determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, instructs employees on how safety shoes are obtained under the program, checks purchases to ensure that the shoes meets specifications (authorization), and trains employees on OSH PPE and program requirements.

Employee: The employee shall wear foot protection when the employer determines foot protection is required and provides for the purchase of such protection. The employee select foot protection of the proper type (as indicated on the authorization form) and fit. The costs of foot protection above the established allowance shall be paid for by the employee. The employee is responsible for informing the manager when their safety shoes is worn, defective or damaged, and requires replacement.

Participating Vendor: Safety shoes can only be purchased from vendors that agree to vendor specifications including:

1. Possession of a current, valid Hawaii general excise tax license.
2. Agrees to the "Conditions of Sale" provisions of the program.
3. Assists state employees in obtaining the proper type of shoes.
4. Ensures that the shoes the state employee selects fits properly.
5. Refers state employee with medical or physical anomalies to vendors most able to assist or can reasonably obtain required foot protection.

Allowance: The amount the employer pays shall be as mutually agreed upon with the respective collective bargaining unit representatives. In the absence of a mutually agreement the amount shall be as otherwise provided in the applicable collective bargaining agreement. Allowance provisions include:

Island Sensitive: Shoe allowance is established per island; where the position is located, irrespective of where the foot protection is purchased. (e.g. an employee in Hilo may use the Big Island allowance rate to purchase foot protection from a participating vendor on Oahu.)

Simultaneous Protection: When more than one type of foot protection is required, enter the type of foot protection with the highest allowance per foot protection required. (Enter N/A or not applicable in the other allowance block.) Combining allowances from additional requirements is not permissible. (For example: if the requirements were for electrical and sole puncture protection, the requirement with the higher cost allowance is entered - most likely sole protection. The amount for electrical protection would be crossed out or N/A.) There are no cost provisions for additional requirements.

Refusal to Wear Foot Protection: When a requirement for foot protection is determined, proper foot protection shall be provided and shall be worn by the employee. Employees who refuse to wear foot protection shall be subject to discipline provisions pursuant to their applicable collective bargaining unit agreement.

Medical or Physical Anomalies: The employer shall provide employees foot protection, as may be required by OSHA standards. Where there is difficulty in obtaining required foot protection the following shall apply:

Recommendation of Different Vendors: The provision of vendor choice removes to a large extent exemption and restrictions. There are vendors that specialize in providing unique foot protection and can obtain, construct, or modify foot protection that can reasonably accommodate anomalies.

Exemptions: Except for temporary situations (as described above), where foot protection is required, foot protection shall be worn.

Medical Examination: The employer may solicit medical testimony at the employer's cost to verify a medical condition or to obtain alternate solutions of possible foot protection.

Alternate Solutions: Overshoes are acceptable where impact and compression protection is required. The employer shall pay for the overshoes; however, the employee purchases and wears shoes that will accommodate overshoes (covered heel, covered toe with shoe string/velcro fasteners). Slippers, slip-ons, or half-shoes are not acceptable with overshoe foot protectors.

Cost: The employer shall pay for reasonable cost above the allowance to modify or construct applicable foot PPE when such PPE is not obtainable from vendors in the state, consistent with the Americans with Disabilities Act.

Temporary Condition: Employees with a temporary medical or physical condition that precludes the wearing of foot protection shall not be placed in positions that expose them to foot injuries or requires foot protection.

Compliance: The employer shall ensure compliance with applicable provisions of collective bargaining, personnel rules, statutes, and federal laws.

The Process: The requirement to provide safety shoes is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invokes different work requirements or procedures, or the occurrence of a foot injury. A hazard assessment is mandated under the revised OSH rules.

Hazard Assessment: The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. To comply with the rules, a written Certification of Hazard Assessment must be completed. The certification of hazard assessment must contain as a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the evaluation
4. Dates of hazard assessment

The certification of hazard assessment need not be filed with HRD or other government agency, but must be available upon demand to agencies with oversight responsibilities (the Division of Occupational Safety and Health, DLIR or HRD) and upon request by the respective bargaining unit representative. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The Hazard Assessment - Foot Protection form and instructions on how to complete it, is attached as Attachment A. After the hazard assessment is completed the manager completes the safety shoe authorization form.

Simultaneous Protection. Where there is a requirement for more than one basic foot protection, such as, electrical and sole protection, all requirements are listed.

Authorization to Purchase Safety Shoes (form). The manager transposes appropriate data to the authorization form (Attachment B). A valid authorization requires signatures of a department management representative and the vendor. A purchase order is also required to process payment of the safety shoes. The authorization form conveys the following of a department:

1. A hazard assessment was accomplished.
2. The type of PPE required of the position.
3. The limit the employer will pay for the type of protection stated.

When completed by a vendor, the form stipulates or includes information on:

1. The vendor, brand, model, and cost of the foot protection.
2. Attestment to vendor agreement to Conditions of Sale provisions.

Purchase Order: The purchase order amount specifies the limit the employer will pay for purchase of the PPE specified on the authorization form. The amount (allowance) includes the state general excise tax. A vendor should not be listed until the vendor the employee selects is known. The purchase order can be addressed only to vendors that meet vendor requirements

Phased Implementation: Hazard assessments should be an on-going process to eliminate or mitigate identified hazards from the workplace. The foot protection purchasing guidelines (requires hazard assessment, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, or changes in the workplace or assignment that require a specific type of foot protection.

Proper Selection, Proper Fit: When the assessment, authorization, and purchase order forms have been completed the employer informs applicable employees of the parameters of the program, provides the employee a copy of this section (Attachment C), and explains how to obtain the shoes including:

1. The type of foot protection that is required of the position (e.g., impact/ compression resistance of 30 ft./lbs. with additional high cut style requirements due to flying rocks during mowing).
2. The names of vendors on the island that are participating in the state program.
3. The state will pay for the actual cost of the required foot protection up to the allowance set by island and type of foot protection required. The employee pays for costs above the allowance amount. The allowance includes the Hawaii general excise tax.
4. The selection of shoe is not limited to brand, vendor, or model provided that the shoes meets all requirements stated on the authorization form and the vendor attest that the shoes meets **all** requirements as specified and agrees to the conditions of sale found on the reverse side of the authorization form.
5. The employee may select high or low cut shoes, except where high cut is required.

6. The state shall not pay for shoes that does not meet the requirements.
7. The importance of obtaining a proper fit as the employee is required to wear the type of foot protection indicated on the authorization form.
8. The employee must seek other vendors should they encounter difficulty in obtaining proper fit from a particular vendor or type of foot protection. Reasonable accommodations, paid by the employer, will be made to ensure proper foot protection. Overshoes are the last resort to meet job requirements.
9. Medical waivers for foot protection are not acceptable except for temporary conditions as certified by a medical practitioner licensed by the state. Applicable reasonable accommodations will be paid by the employer.

ANSI Foot Protection Codes: Standard foot protection codes are:

PT Impact and compression
PR Sole puncture resistance
MT Metatarsal
EH Electrical
CD Conductive
SD Static

Recordkeeping Requirements: The following recordkeeping are required of the program and/or OSHA:

Hazard Assessment Form: Maintain in Employer file. Provide on demand by OSHA.
Authorization Form:
Original: DAGS Pre-Audit (with purchase order) for vendor payment.
Copy: HRD Safety Branch
Copy: Employer (Department file)

Hazard Assessment - Foot Protection Form

Occupational safety and health (OSH) rules require employers to identify hazards in the workplace that cause or likely to cause employee injuries or illness. The personal protective equipment (PPE) revision focuses on eye and face, head, foot, and arm protection. Although the process contained herein addresses foot protection, the basic hazard assessment process can be used for other areas. However, OSH rules emphatically state that PPE should not be used as a substitute for engineering, work practices, and/or administrative controls. PPE should be used in conjunction with these controls to provide employee safety and health in the workplace.

A general five step procedure that is effective and not overly burden-some can be used to complete the requirements. The Hazard Assessment Certification (Foot Protection) form facilitates the process. The steps are:

1. Complete the location demographics section of the form. The rules call for assessment of a particular type of work activity at a given location. The assessment can not be of all positions (or work duties) of a baseyard or department island or statewide. An assessment of same positions that have identical duties and responsibilities at a specific baseyard is permissible.

2. Perform assessment by initiating a walk-through of the work site in order to identify tasks (column 1) with potential sources of injury such as: carry 45 pound boxes, roll/move 55 gallon drums, repair/install junction boxes, inspect construction sites, clean animal shelters or mowing grass in open fields. List all tasks that indicate a source of potential foot injury.

In column 2 indicate the corresponding hazard from column 1, such as: crush feet, crush feet/smash toes, electrical shock, smash feet/sole puncture, animal fecal infection/slippery/continuous wet feet and impact/flying rocks. (Crush/smash feet potential would indicate a need for metatarsal foot protection.)

3. For column 3, review data of each hazard (in column 2) to determine the type of foot protection required. For example, should the hazard potential be electric shock the foot protection required is electric resistance shoes. If glass and nails be identified as the hazard, puncture resistant shoes would be required.
4. Transpose table data to define hazard in the hazard assessment section of the form. Check-off all that apply. Specify additional foot protection requirements by checking the additional protection as required. Where high tops are required indicate the height of high top protection required - 6 or 8 inches. Where requirements are not readily listed on the form use the "Other" segment of the form to list the protection required. Also indicate the level of impact and compression required - 30, 50, or 75 foot-pounds (ft/lbs.) corresponding to the design of the "safety toe" to resist corresponding ft./lbs. (foot/pounds) of crush or impact resistance to maintain specified toe clearance. Note: more shoes are available at the 75 ft/lbs. level of protection and the availability of shoes (type and style) decreases as protection requirements increase.
5. Complete certification requirements by printing the name of evaluator, and with the

evaluator signing and dating the form. Transpose applicable data to the Authorization form. Where more than one basic requirement is indicated, care must be exercised to ensure only one allowance and impact/compression (I/C) data are shown where simultaneous protection is required - the higher allowance and I/C data (as obtained from the assessment form.). Also note that only the most frequent additional requirements are shown on the table. Other additional requirements must be listed in the Other Requirement section of the form.

SAFETY SHOES PURCHASE AUTHORIZATION FORM

This form serves several purposes including information on the department, employee, job title, foot protection requirements, the maximum amount the state will pay, department sign-off authorizing purchase (with a valid purchase order), vendor requirement to provide information of brand, model and cost of shoes for validity and data gathering, vendor commitment to conditions of sale of shoes to fit, perform, and to meet state, OSH, and job requirements. Procedures include the following:

Department:

1. Completes the top portion of the form.
2. Analyzes and transposes assessment data on to the authorization form.
3. Determines allowance from the applicable Memorandum of Agreement. In multi-foot protection requirements enter the type of protection with the highest allowance. Enter only one allowance amount.
4. Employer representative signs and dates form, retains copy and instructs employee to give the original and copy of the authorization to the vendor when a selection is made.
5. Employer representative informs the employee of the scope of the policy, reviews the Proper Selection, Proper Fit section of the policy, and provides signed copies of the form for their signature. The employer and employee retains a copy of the section.
6. When a vendor has been determined the employer may require that the vendor ship or deliver the foot protection to the employer or provide employee reasonable amount of time during the workday to pick up the foot protection. The employer shall pay for shipping and handling, as applicable.

Vendor:

1. Reviews requirements with state employee.
2. Informs employee of shoes available that meet requirements.
3. Assists employees in obtaining proper type and fit of foot protection.
4. Informs employees of allowance limit and, as applicable, informs employees of their responsibility for cost beyond the allowance provided. The vendor collects for cost above limit from the employee.
5. Signs form certifying shoes meets requirements specified on authorization form and agrees to the Condition of Sale, instructing the employee to return the original to their department; or,
6. Redirects employee to other vendors when proper type or fit is unattainable.

State of Hawaii

HAZARD ASSESSMENT CERTIFICATION

Department: _____

Job Title of Employee: _____

Division/Branch: _____

Position Number: _____

Baseyard: _____

Evaluated By (Print Name:): _____

Work Unit: _____

Position: _____ Phone: _____

Position Location (island, city): _____

Duties: TM Mostly outdoors; TM Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

Hazard Assessment; Type of protection required for tasks shown above:

Base: Impact/compression

Additional: High cut - height: 6"____; 8"____; Other: _____

Metatarsal

Slip resistant

Electrical

Water resistant

Sole Protection

Heat resistant (soles)

Water resistant boots

Fire resistant (welding)

Other _____

Other _____

Impact and compression requirement: 30 _____, 50 _____, or 75 _____.

Person certifying assessment: _____

Print Name (if different from above)

Signature

Date

State of Hawaii

SAFETY SHOE PURCHASE AUTHORIZATION

Department _____ Division: _____ Island _____ Employee: _____

Branch: _____ Baseyard _____ Phone: _____ Position Title: _____

TYPE OF PROTECTION	IMPACT & COMPRESSION			WATER RESIS-TANT	HIGH CUT REQUIRED		ALLOW-ANCE \$	FOR VENDOR USE ONLY		
	30	50	75		6"	8"		Brand	Model	Cost \$
<i>Example: Sole Puncture</i>	X						90	<i>Iron Age</i>	<i>5234</i>	<i>64.75</i>
Impact & Compression (PT)										
Metatarsal (MT)										
Electrical Hazard (EH)										
Sole Puncture (PR)										
Rubber Boots with Safety Toe				X						
Rubber Boots with out Safety Toe	N/A	N/A	N/A	X						

OTHER REQUIREMENTS: _____

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The amount of allowance to be paid by the state shall not exceed amount pursuant to memorandum of agreement dated: _____.

Division/Branch Chief/Management Representative _____ Date _____ Phone Number

VENDOR CERTIFICATION: Print Name of Vendor _____ certifies that the shoes provided to employee listed above meets the requirements as indicated and agrees to the "Condition of Sale" provisions (reverse side of this form) by means of accepting payment by means of purchase order, check, or other acceptable means of sale.

Print Name of Vendor Representative _____ Position or Job Title _____ Signature _____ Date _____ Phone

Form Distribution. Original: DAGS - Pre-Audit Branch. Copies: Vendor, Employee department, Department of Human Resources Development - Safety Branch.

Conditions of Sale

1. All safety shoes shall meet ANSI Z-41-1991 standards for foot protection (except water-resistant boots with out safety toe requirement).
2. The quality and specifications shall be as specified in the manufacturer's catalog or brochure and shall be free from defects in material and workmanship. Any item found defective will be repaired or exchanged on a one-for-one basis at no additional charge.
3. Where protection is required for more than one category such as electrical and sole or metatarsal and sole protection the higher base allowance shall be used to determine maximum allowable for foot protection purchase. Where severity rate differ, the higher protection requirement shall prevail.
4. The seller is responsible for collecting all costs from the employee that is more than the amount stated.
5. The seller shall forward invoices in triplicate directly to the ordering agency and shall invoice the agency the unit price stated (which includes the Hawaii General Excise Tax).
6. The seller guarantees shoes against defects in workmanship and materials for a minimum of six months. Shoe soles shall be guaranteed by the seller to withstand normal wear and tear on a daily use basis for a period not less than six months.
7. The seller is responsible for ensuring that the safety shoes are of the proper type, fit, and selection for foot protection stated.
8. The state shall pay for the actual cost of the safety shoes or up to the maximum amount shown on the Safety Shoe Purchase Authorization form for the type of safety shoes indicated.
9. Section 103-10, Hawaii Revised Statutes, provides that the state shall have thirty (30) days after receipt of invoice or satisfactory delivery of goods, or performance of the services.
10. The state shall withhold payment, stop payment or seek restitution, for seller misrepresentation, over charges, workers' compensation third party claims arising out of failure of safety shoes to provide reasonable fit or failure to provide foot protection per ANSI 41-1991
11. The state may restrict purchases of safety shoes from vendors that violate conditions of sale stated herein.

State of Hawaii

HAZARD ASSESSMENT CERTIFICATION

Department: Human Resources Development

Job Title of employee: Safety Specialist

Division/Branch: SWCD

Position Number: 99999

Baseyard: Beretania

Evaluated By (Print Name:): James M. Tanaka

Work Unit: Worksite Inspections

Position: Program Manager Phone: 587-1234

Position Location (island, city): Oahu

Duties: TM Mostly outdoors; TM Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection
Inspects construction sites	Nail and, metal, steel rods and other sharp objects	Sole Puncture
Inspect electrical junction boxes	electrical shock	Electrical

Hazard Assessment; Type of foot protection required for tasks shown above:

- Base:
- Impact/compression
 - Metatarsal
 - Electrical
 - Sole Protection
 - Water-resistant boots
 - Other _____

- Additional :
- High cut - height: 6" _____; 8" _____; Other: _____
 - Slip resistant
 - Water resistant
 - Heat resistant (soles)
 - Fire resistant (welding)
 - Other _____

Impact and Compression requirement 30 _____, 50 _____ or 75 _____

Person certifying assessment: _____
Print Name (if different from above)

Signature

Date

**State of Hawaii
SAFETY SHOE PURCHASE AUTHORIZATION**

Department _____ Division _____ Island _____ Employee _____

Branch: _____ Baseyard _____ Phone _____ Position Title _____

TYPE OF PROTECTION	IMPACT & COMPRESSION			WATER RESISTANT	HIGH CUT REQUIRED		ALLOWANCE \$	FOR VENDOR USE ONLY		
	30	50	75		6"	8"		Brand	Model	Cost \$
<i>Example: Sole Puncture</i>			X			X	90	<i>Iron Age</i>	<i>5234</i>	<i>64.75</i>
Impact & Compression (PT)										
Metatarsal (MT)										
Electrical Hazard (EH)		X		X			N/A			
Sole Puncture (PR)			X				90			
Rubber Boots with Safety Toe				X						
Rubber Boots with out Safety Toe	N/A	N/A	N/A	X						

OTHER REQUIREMENTS: _____

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The amount of allowance to be paid by the state shall not exceed amount pursuant to memorandum of agreement dated: _____.

Signature of Division/Branch Chief/Management Representative

Date

Phone Number

VENDOR CERTIFICATION: Print Vendor Name _____ certifies that the shoes provided to employee listed above meets the requirements as indicated and agrees to the "Condition of Sale" provisions (reverse side of this form) by means of accepting payment by means of purchase order, check, or other acceptable means of sale.

Print Name of Vendor Representative

Position or Job Title

Signature

Date

Phone

Safety Shoes Purchasing Instructions

Proper Selection, Proper Fit: When the assessment, authorization, and purchase order forms have been completed the employer informs applicable employees of the parameters of the program, provides the employee a copy of these instructions after appropriate signatures are obtained, and explains how to obtain the shoes including:

1. The type of foot protection that is required of the position (e.g., impact/compression resistance of 30 ft./lbs. with additional high cut style requirements due to flying rocks during mowing).
2. The names of vendors on the island that are participating in the state program.
3. The state will pay for the actual cost of the required foot protection up to the allowance set by island and type of foot protection required. The employee pays for costs above the allowance amount. The allowance includes the Hawaii general excise tax.
4. The selection of shoe is not limited to brand, vendor, or model provided that the shoes meets all requirements stated on the authorization form and the vendor attest that the shoes meets **all** requirements as specified and agrees to the conditions of sale found on the reverse side of the authorization form.
5. The employee may select high or low cut shoes, except where high cut is required.
6. The state shall not pay for shoes that does not meet the requirements.
7. The importance of obtaining a proper **fit** as the employee is required to wear the type of foot protection indicated on the authorization form.
8. The employee must seek other vendors should they encounter difficulty in obtaining proper fit from a particular vendor or type of foot protection. Reasonable accommodations, paid by the employer, will be made to ensure proper foot protection. Overshoes are the last resort to meet job requirements.
9. Medical waivers for foot protection are not acceptable except for temporary conditions as certified by a medical practitioner licensed by the state. Applicable reasonable accommodations will be paid by the employer.

I have been informed of the Safety Shoes Policy, its requirements (as stated above), and how to obtain the required foot protection. In addition, the policy and purchasing guidelines shall be available for my review upon request.

Employer Signature _____

Date _____

Employee Signature _____

Date _____