Attachment B

STATE OF HAWAII- EXECUTIVE BRANCH (Excluding DOE, HHSC, OHA, and UH) SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

Dept.:		Island:	
Branch:		Phone:	
Baseyard:		:	
Part 2: APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)		Part 3: REQUESTED FOOTWEAR (Deviation from price list)	
VENDOR #1:		VENDOR:	
Option 1: BRAND:	COST: SIZE:	STYLE: SIZE:	
Option 2: BRAND:		ADDITIONAL COST (if any): REASON FOR REQUESTING DEVIATION FROM PRICE LIST:	
-	SIZE:		
Option 3: BRAND:	COST:		
STYLE:	SIZE:		
See Additional Vendor/Options	list, if applicable on next		
page			
Part 4: PHYSICIAN CERTIFIED I Please contact your human resour		t dically certified condition requiring a deviation from the price list.	
CHECK BOX IF APPLICABLE:	☐ DEVIATION IS DUE	TO MEDICAL CONDITION AND	
	PHYSICIAN'S CERT	IFICATION IS ATTACHED.	
DEVIATION APPROVED BY:			
	_		
PRINT NAME	SIGNATURE	POSITION TITLE	
indicated above. The cost of the p	Certification of Hazard has be protective footwear shall be safety footwear deviations a	een completed. The position requires the type of foot protection paid by the State pursuant to the price list contract. The department and paying any applicable additional cost for the protective footwear.	
PRINT NAME		SIGNATURE	
POSITION TITLE		DATE	
APPROVAL OF SAFETY OFFICE	R OR PERSON WHO COM	NDUCTED HAZARD ASSESSMENT:	
PRINT NAME		SIGNATURE	
POSITION TITLE		DATE	

ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE) Email copy to DHRD Safety Office and Departmental Human Resources Office

Part 2: APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)			
	,		
VENDOR	#1:		
Option 4:		COST: _	
		SIZE: _	
Option 5:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	
VENDOR	#2:		
Option 1:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	
Option 2:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	
Option 3:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	
VENDOR	#3:		
Option 1:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	
Option 2:	BRAND: _	COST: _	
	STYLE: _	SIZE:	
Option 3:	BRAND: _	COST: _	
	STYLE: _	SIZE: _	