

Employee Safety Glasses Policy

Policy

It is COSA policy to require the use of eye protection where there is a reasonable probability that an injury could be prevented by wearing such equipment. This policy will apply to such operations, processes or work which involves a potential hazard to the eyes from flying objects or particles, sprays of hot or corrosive materials or chemicals. This policy will also apply to any activity where applicable Safety Data Sheets (SDS) states or recommends the use of eye protection.

Procedures

- A) All employees will be provided with and required to wear proper eye protection when exposed to an operation or area where eye hazards normally exist. Some examples are:
 - 1) While using power lawn mowers, chippers or tree trimmers
 - 1) When performing arc or gas welding, brazing, cutting, scaring
 - 2) While machining or woodworking which causes flying particles
 - 3) While using pneumatic tools or power actuated tools
 - 4) Where splashes from molten metal or substances, hot or corrosive liquids, acids and caustics are possible
 - 5) When sledging, chipping, hammering, scaling, drilling, grinding, sanding, etc
 - 6) Where danger of electrical arc exists
 - 7) When primary switching operations are performed
 - 8) While driving/operating open equipment, tractors, graders, front loaders, etc
 - 9) During firearm training or practice
 - 10) When performing medical procedures which present a BBP hazard
 - 11) When an associated SDS directs or recommends eye protection
- B) Eye protection devices will be obtained through the employee's Department/Division.
- C) Each Supervisor will be responsible for the distribution and use of the proper eye protection devices by employees.
- D) Required eye protection will be worn whenever eye hazards are present.
- E) Employees that are provided with eye protection are responsible for its maintenance and proper use. If the eye protection is damaged, the employee will request a replacement from his/her Supervisor.
- F) Full-face respirators may be used by more than one employee only if proper maintenance and cleaning has been performed.
- G) Based on the job being performed, it may be necessary to wear additional protection over the safety prescription glasses.
- H) COSA will pay up to \$75 toward the cost of industrial prescription eyewear (lenses and frames ONLY!) for those employees required to regularly wear safety eye protection. COSA will purchase only one pair of prescription eye wear per employee except as follows:
 - 1) If an employee requires new glasses from time to time because of changes in vision, then COSA will participate to the same extent as in the case of the initial issue (\$75).

- 2) If an employee's safety prescription glasses are broken or damaged as a result of an industrial accident and the employee is found to be not at fault.

- 3) If the glasses are damaged through fault of the employee or while off the job, COSA will not be responsible for repair or replacement.
- I) Employees requiring safety prescription glasses will follow the procedures listed below:
 - 1) Employees whose job duties fall under the conditions of Section A of this policy must get a **Safety Glasses Purchase Authorization Form** from their Supervisor (located at the end of this section).
 - 2) The employee's Supervisor will complete and sign the authorization form.
 - 3) The Supervisor will make a copy of the form and give it and the original to the employee.
 - 4) The Supervisor shall notify both Risk Management and Payroll by email on the same day that he/she authorizes the purchase.
 - 5) The employee will take the copy the signed form to an authorized prescription glass provider. **COSA approved vendors are Eyemart Express and Optical Prescriptions.** If the employee chooses to use a different vendor, it must be approved by Risk Management, before purchase is made.
 - 6) The employee is responsible for obtaining the prescription from their medical provider. COSA will not be responsible for an optical examination.
 - 7) If the cost of the prescription safety glasses is more than \$75, the employee must complete the **Employee Payroll Deduction Authorization Form** (at the end of this section) **and deliver it along with the original of the Purchase Authorization Form to Risk Management no later than the next business day after the purchase.**
 - 8) The vendor/merchant must call Risk Management for pre-authorization if the eyeglasses purchase will exceed \$200.00.
 - 1) The prescription glasses provider will forward the signed authorization form to Risk Management for processing within 10 days of purchase
- J) All prescription safety glasses purchased through the COSA Employee Safety Glasses Policy will meet at least the minimum specifications in accordance with the American National Standard for Occupational and Educational Eye and Face protection, Z87.1-1968, including any revisions.
- K) The attached Purchase/Payroll deduction Form will replace all other safety eye wear purchase authorization forms.



City of San Angelo
72 West College Ave
#201-Risk Management
San Angelo, TX 76903

Phone: 325-656-4359
Fax: 325-657-4530 .

Safety Glasses Purchase Authorization

Employee Name: _____ is authorized to
purchase one pair of safety glasses.

Department/Division:

Supervisor Printed Name: _____

Supervisor's Signature: _____

Date: _____

*****The Supervisor will notify Risk Management and Payroll by email the same day he/she authorizes this purchase.***

******The employee will deliver the original of this form (along with the Payroll Deduction Form) to Risk Management***

Merchant: Please remit bill to: City of San Angelo within 10 days purchase for prompt processing. Call 325-657-4359 for pre-authorization of any order over \$200.00.



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Employee Payroll Deduction Authorization

Employee Name: _____

Employee SSN#: _____

I hereby authorize deduction from my pay for safety glasses in the amount of \$_____ (\$25.00 minimum for purchases under \$200 and \$50.00 minimum for purchases equal to or exceeding \$200) to be deducted each pay period. I understand that I am obligated to reimburse the City of San Angelo (COSA) for the total cost of this purchase exceeding \$75.00. In the event my employment with COSA is terminated for any reason, the balance due will be deducted from my final paycheck.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

****Do NOT give this form to the provider.**

******The Employee is to deliver this Payroll Deduction Authorization Form (along with the original Purchase Authorization Form) to Risk Management no later than the first business day after the purchase.***