



PRESCRIPTION SAFETY GLASSES POLICY
Risk Division

DATE: December 2, 1991
November 27, 2013
Revision: 02

The designation and use of safety glasses is provided to protect the employee's eyes in hazardous work environments. Prescription safety eye wear will be provided for the employees under the following guidelines.

- 1.0** Employees will pay for their eye examinations and any sitting fees incurred. Employees can bring their prescriptions from their optometrist to the current participating opticians.
- 2.0** The city will pay for the cost of the prescription safety lenses and the Occupational Safety and Health Administration (OSHA 1926.102(a)(1)) approved safety fames, with side shields for the employee on an annual basis, with the approval of the City of Hickory Risk Manager and the employee's Department Head.
 - 2.0a** (OSHA1926.102(a)(1)) Employees shall be provided with eye and face protection equipment when machines, operations or environment present potential eye or face injury from physical, chemical, or radiation agents.
 - 2.0b** (OSHA1926.102(a)(2)) Eye and face protection equipment required by this Part shall meet the requirements specified in American National Standards Institute, (ANSI) Z87.1-1968, Practice for Occupational and Educational Eye and Face Protection.
- 3.0** The city will replace prescription safety glasses in the event that the employee's safety eyewear is damaged in the course of employment. Glasses will not be replaced by the City of Hickory if the employee is negligent in their use and/or care.
- 4.0** All regular full-time employees are eligible to participate in the program.
- 5.0** Part-time or temporary employees are also eligible, but must reimburse the city through payroll deduction for the entire cost of prescription safety glasses. If a part-time employee becomes full-time, prescription safety glasses will be provided, when the current prescription changes or a replacement is required due to a work related

accident with the approval of the City of Hickory Risk Manager and the employee's Department Head.

- 6.0 It will be the responsibility of the Risk Manager to determine the need for safety eyewear for the employee requesting it. This determination is based on the job duties presented on the request form, discussion with the Department Head, and the employee's job description set forth by the City of Hickory.
- 7.0 Any City of Hickory employee requesting new or replacement safety eyewear must complete the Safety Eyewear Request/Approval form (Attached) and obtain approval and signature of the City of Hickory Risk Manager, and the employee's Department Head.

12/30/13
Approval date


Mick Berry
City Manager

11/27/13
Approval Date


Todd Shoebridge
Risk Manager



Life. Well Crafted.

**PRESCRIPTION
SAFETY GLASSES APPROVAL FORM**

Employee _____

Division _____ Department _____

I. Initial Purchase:

Circle One: New Hire / Job Reassignment / FT Employee / PT Employee

If you are a new hire, full time, part time employee or have been reassigned to a new position within the City of Hickory, please explain the job activities that you will be performing which require you to wear safety glasses.

II. Replacement:

Circle One: Lost / Damaged / Change in Prescription

If you require a replacement of your lost or damaged safety glasses, or if you have had a change in your prescription, please explain the circumstances surrounding the loss or damage of the glasses. Also, please include the damaged safety glasses or a copy of your new prescription with this form.

I attest that all the above information is true to the best of my ability and knowledge.

Employee Signature _____ Date _____
.....

Approve / Deny (circle one) Risk Manager Signature _____ Date _____

Approve / Deny (circle one) Dept. Head Signature _____ Date _____