



FM PRESCRIPTION SAFETY GLASSES REQUEST FORM

TO: Facilities Management (FM) Human Resources/Safety & Health Office

FROM: _____

Employee's Name – Please Print

Employee Unit/Shop: _____

Employee Job Title: _____

1. Has FM supplied you with prescription safety glasses before? **Yes** ☐ **No** ☐
2. If your answer to #1 is yes, please explain why you are requesting prescription safety glasses again:

3. List hazards to which you are exposed that require eye protection:

Frequency of exposure to hazards listed above: **Daily** ☐ **Weekly** ☐ **Monthly** ☐

Does your work require considerable time working outside? **Yes** ☐ **No** ☐

Please check if the safety glasses need the following:

Bifocal Lenses ☐ **Progressive Lenses** ☐ **UV-Coating** ☐

***Note to Optician: All safety glasses must have side shields.**

Employee Signature: _____
(Signature) (Date)

FM Safety & Health Office Approved: _____
(Signature) (Date)

Personal Protective Equipment FRS 1-189000

*Prescription Safety Glasses, if approved, will be issued no more than once every two years. Employees who lose their glasses shall be required, at their own expense, to purchase replacement glasses or to wear alternative safety eyewear (that meets safety regulations). Employees whose glasses become damaged in the line of duty may request a replacement pair in circumstances where the damage has made the glasses unwearable or unsafe. Requests for replacement glasses that fall within the two-year window will be evaluated by the FM HR and Safety Office to determine eligibility. As noted in the "FM Work Rules for Care of FM-Issued Items," loss or damage to FM-issued items may be considered negligence and, in some ways, may result in disciplinary action.