

SAFETY GLASSES

ENTITLEMENT

Each individual organization will supply prescription safety glasses and carrying case without cost to all Smithsonian employees who spend at least 10 per cent of their regular daily work tour working in a potentially eye hazardous environment. Supervisors must also complete a PPE Hazard Assessment for all employees, identifying the need for prescription safety glasses.

The following are some areas where safety glasses or goggles are required.

Chemical laboratory, hazardous or toxic substances or with equipment which may produce an eye impact hazard. Safety glasses also must be worn by anyone passing through a chemical laboratory area.

Shops-Work performed by trades' people such as carpenters, plumbers, instrument makers, electricians, sheet metal workers, and automobile mechanics.

Buildings and grounds maintenance-work performed with powered cutting equipment or with earth moving equipment.

Employees may select upgraded frames for their safety glasses rather than standard frames. If employees upgrade their frames they must pay the extra cost of the upgraded frames. Employees who end their employment with the Smithsonian Institution may keep their safety glasses and cases.

REQUIREMENTS

Employees who are required to wear safety glasses must submit with their request for safety glasses a current prescription (less than 2 years old). Employees who have a prescription that is more than two years old will be referred to their ophthalmologist/optometrist to obtain a new prescription at their personal expense. Employees should tell their ophthalmologist/optometrist about their environment because it is possible that the prescription required for safety glasses may be different from the prescription used in their everyday glasses.

INSTRUCTIONS FOR OBTAINING SAFETY GLASSES

INITIAL REQUEST

After securing an up to date prescription, the employee should complete section A of this form. The employee's supervisor should complete section B and sign the certification statement. Section C should be signed by the fund manager. The employee should then submit the request form and their prescription to OSHEM.

OSHEM (Office of Safety Health and Environmental Management) will schedule the time for the employee to be fitted for safety glasses by the optician and will notify the employee when his/her glasses are ready for pick up.

REPAIR OR REPLACEMENT

To request these services, the employee should complete section A of this form. The employee's supervisor should complete the rest of section B and sign the certification statement. Additionally, if the employee has lost his/her glasses and is seeking replacement, a statement explaining the loss should be attached to the form. The employee then should submit the request form to OSHEM. OSHEM will then arrange to have the necessary work completed. Whenever lenses are replaced, the original frames will be used if they are still serviceable. A vision test will be required before lenses made from a prescription more than two years old are repaired or replaced.

FURTHER INFORMATION

For additional information on the policies and procedures of the SI Eye Protection Program, consult the appropriate chapter of the SI Safety Manual, check with your safety coordinator, or call OSHEM.

SMITHSONIAN INSTITUTION REQUEST FOR SAFETY GLASSES

SI-480 Rev 02/2013

SECTION A - EMPLOYEE INFORMATION (To be completed by Employee)

Name of employee			Notes	
Position				
Name of Office				
			Prescription Date	Date of Request
Building	Room	Telephone number	■ NOTE" A current prescription (less than two years old) must be attached to this request	

SECTION B – CERTIFICATION (To be completed by Supervisor)

The Supervisor must complete a PPE Hazard Assessment for affected employees

SIGNATURE OF SUPERVISOR REQUIRED:

Print _____ Signature _____

Type of eye Impact hazard occupation (Check one)

- Chemical laboratory
- Shop: Occupation
- Building and grounds Maintenance
- Other _____ (Please Specify)

Type of order (check one)

- New
- Replacement
- Repair

Comments and description or specific hazards

SECTION C - APPROVAL (To be completed by the Funds Manager)

Payment Type: _____ NOTE: These items will be furnished only if authorized by the Funds Manager

Contact Information: _____

Tinted lenses

Reference # if applicable: _____

Coated lenses

Transition lenses

Signature of Funds Manager

Print: _____ Signature: _____ Telephone _____ Date: _____

NOTE TO OPTICIAN: Please discuss work requirements with the employees so that adequate safely glasses may be provided. No prescription over two years old will be accepted. Plastic lenses will be furnished only for prescription having a total sphere and cylinder power above 4.00D.