

EMPLOYEE APPLICATION FOR PROTECTIVE EYEWEAR

(Please print or type)

Name:	Empl ID #:
Home Dept:	Job Title:
Duties:	

Describe the eye hazards to which you are exposed using the chart on back:

Type of Exposure	Average Exposure (hrs./wk.)	Max Exposure (hrs./wk.)

Additional information on eye hazards: _____

Do you now wear prescription glasses while working? Yes _____ No _____

Reason for replacement: _____

Employee Signature: _____

SUPERVISOR SECTION:

Comments: _____

Please check the type of eyewear the university should issue to employee (see reverse side)

_____ Prescription safety glasses w/side shields	_____ Splash Goggles
_____ Non-prescription safety glasses (plano) w/side shields	_____ Face Shield
_____ Welding Goggles (gas)	_____ Welding Helmet (arc)

What additional eye protection equipment is required on a loan basis: _____

Supervisor's Signature: _____ Ph#: _____ Date: _____

DEPARTMENT HEAD:

Comments: _____

Department Head's Signature: _____ Ph#: _____ Date: _____

SAFETY REPRESENTATIVE:

Comments: _____

Safety Representative's Signature: _____ Ph#: _____ Date: _____

UNIVERSITY OF MISSOURI POLICY FOR EYE SAFETY

Excerpt from

"Senate Bill #519 (RSMo: Section 170.005, 007, & 009) requiring all students, teachers, and visitors to wear approved eye protective devices when participating in certain vocational, industrial arts, and chemical-physical laboratory courses of instruction, shall be extended to include all University employees whose work activities expose them to potential eye hazards of the type described in the Act."

"Except for the cost of a prescription, employees shall be furnished without charge, appropriate eye protective devices such as goggles, or personal clear plano, or prescription safety glasses as their tasks require. No more than one (1) pair of prescription glasses every other year shall be furnished without charge, unless damaged in the course of employment."

"All eyewear devices shall meet ANSI Z87.1 - 1968 standard and subsequent revisions thereof..."

You may read the Act and University Policy where posted in selected buildings or as made available by your supervisor.

TYPES OF EYE PROTECTION



A. Plano/Prescription Safety Glasses



B. Splash Goggles



C. Welding Goggle (gas)



D. Face Shield



E. Welding Helmet (arc)

TYPE OF EXPOSURE	SELECTION GUIDE	
Hot Molten Metals	A	A+D
Milling, Sawing, Turning, Shaping, Cutting, Grinding, or Stamping of Solid Materials	A	A+D or B
Stamping of Solid Materials	A	A+D
Heat Treatment, Tempering, Kiln Firing	A+D	A+D
Welding	C (gas)	E (arc)
Vehicle Repair & Service	A or B	A or B
Caustic, or Explosive Materials; chemical, splash, dust	A or B	A+D or B+D
Injurious radiation	See Instructor, Supr. Or Safety Rep.	
Other	Describe on form	