

**University of Wisconsin  
Environment, Health & Safety Department  
Madison, Wisconsin**

**EMPLOYEE APPLICATION FOR PRESCRIPTION SAFETY GLASSES**

Employee's Name (Last, First)	Department Name / Phone No.
Must employee wear Protective Eyewear while performing tasks & duties at the UW-Madison? ____ Yes      _____No	Supervisor's Signature

**PER THE DOA STATE BULLETIN IT STATES:**

***IF AN EMPLOYEE IS NOT REQUIRED TO WEAR OCCUPATIONAL EYEWEAR FOR HIS/HER JOB RESPONSIBILITIES FOR THE STATE OF WISCONSIN, THEY ARE NOT ALLOWED TO PURCHASE SAFETY GLASSES FROM THIS CONTRACT.***

**GENERAL INFORMATION**

Eye protection shall be provided State Employees who are exposed to any hazards, that may cause injury to the eyes. Refer to Administrative Practices Manual (Part: Risk Management, Section: Safety – No. 2) for additional information. Refer to COMM. 32.50-1, 29CFR1910.133. Safety glasses provide frontal protection only from such hazards as flying particles encountered in woodworking, machine metal work, general warehouse, stock clerk, dock work, brush cleaning, etc. Sideshields are necessary for side protection from flying particles.

Any employee who usually wears prescription glasses and whose job requires dealing with potentially physically aggressive people should be wearing industrial safety glasses. Positions in this category would include: Staff in mental hospitals, staff in prisons, enforcement work in general and any other positions as determined by management.

Prescription safety glasses do not provide adequate eye and face protection from chemical splash or fumes.

I hereby agree to wear the safety glasses provided at all times when engaged in work for which they are required. I understand the safety glasses are for my protection.

Please see attached page for lenses, frames, etc. available under contract and costs affiliated with them. Also, please notice replacement parts and miscellaneous items and costs involved, if you should choose to authorize these for the employee. Please review carefully before signing this application.

I hereby agree to wear the safety glasses provided at all times when engaged in work for which they are required. I understand the safety glasses are for my protection.

Employee Signature:	Date:
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Physical Plant or Department Pays: \$ \_\_\_\_\_

\_\_\_\_\_ Pays \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

I have discussed with my employee \_\_\_\_\_ that due to the nature of his/her work he/she will be required to wear safety glasses with detachable side shields at all times while on the job.

- Employee is required to wear Safety glasses w/detachable side shields and the Department will pay for options checked below.

I have checked the items that our department will pay for.

**Frame Prices:**

<input type="checkbox"/> Base Plastic Frames (w/o Spring Hinges)	2.50
<input type="checkbox"/> Fashion Plastic Frames (w/o Spring Hinges-A)	5.00
<input type="checkbox"/> High Fashion Plastic Frames (w/o Spring Hinges-B)	12.00
<input type="checkbox"/> High Fashion Plastic Frames (with Spring Hinges-C)	15.00
<input type="checkbox"/> Standard Metal Frames (w/o Spring Hinges-D)	18.00
<input type="checkbox"/> Standard Metal Frames (with Spring Hinges-D+)	25.00
<input type="checkbox"/> High Fashion Metal Frames (with &w/o Spring Hinges-E)	30.00
<input type="checkbox"/> High Fashion Metal Frames (with Spring Hinges-F)	38.00
<input type="checkbox"/> High Fashion TITANIUM Frames (G)	58.00
<input type="checkbox"/> Titanium Urban T-4, Urban T-5	78.00

**Lens Prices :**

<input type="checkbox"/> Single Vision	
- Glass and Plastic	11.25
- Polycarbonate	14.25
<input type="checkbox"/> Bifocals	
- Glass and Plastic	17.25
- Polycarbonate	20.25
<input type="checkbox"/> Trifocals	
- Glass and Plastic	19.50
- Polycarbonate	22.50
<input type="checkbox"/> Double Segment Bifocals	
- Glass and Plastic	38.00
- Polycarbonate	41.00

**Miscellaneous Items:**

<input type="checkbox"/> Abrasive Coating – Plastic Both Sides	No Charge
<input type="checkbox"/> Supercote – Scratch Coating	24.00
<input type="checkbox"/> (One time remake within a year)	No Charge
<input type="checkbox"/> Ultraviolet Coating – Plastic and Glass	5.00
<input type="checkbox"/> Anti-Reflective Coating	24.00
<input type="checkbox"/> Video Terminal Coating	5.00
<input type="checkbox"/> Tints – Solid and Gradients	5.00
<input type="checkbox"/> Photochromatic –Glass	15.00
<input type="checkbox"/> Polarized Lens – Plastic & Glass	40.00
<input type="checkbox"/> Transition Lenses – Plastic & Poly.	40.00
<input type="checkbox"/> Progressive Lens	60.00-188.00
<input type="checkbox"/> Rolling & Polishing (for thick lens)	0.00
<input type="checkbox"/> Permanent side shields	1.50
<input type="checkbox"/> Detachable side shields	1.00
<input type="checkbox"/> High Index	40.00
<input type="checkbox"/> Mid Index	35.00