



POLICY: I: 31 Safety Glasses and Eye Protection
Procedure Review: Annually

DATED: March 2016
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APPROVED: Executive Director of Facilities and Construction:

I. INTRODUCTION

This policy establishes the policies and procedures regarding the purchase and use of prescription and non-prescription safety glasses for Facilities Management (FM) employees. Safety glasses with non-removable side shields are required when job tasks expose the employee to the potential for impact from flying particles. This is based on the hazard assessment for each job description. Ordinary prescription glasses do not provide adequate protection from impact injury to the eyes. The minimum acceptable eye protection requires the use of hardened glass or plastic spectacles meeting the most recent version of the American National Standards Institute (ANSI) Z87.1 requirements. Other eye protection, such as goggles and face shields, may be required when a significant splash hazard exists. The university will follow established OSHA 1910.133 standards related to Personal Protective Equipment for Eye and Face Protection.

II. PURPOSE

This policy applies to employees, vendors, contractors and students who may expose themselves to a risk of eye injury while on University premises, whether owned or leased. Employees issued safety glasses will be required to wear them at all times when they are exposed to the potential for impact with flying particles. Employees are required to wear appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

III. RESPONSIBILITIES

- A. Executive Director of Facilities and Construction - Responsible for overall implementation of this procedure.
- B. Directors, Managers, and Supervisors - Responsible for ensuring employees in their department are informed of the procedures and provide necessary oversight to assure integrity of data.
- C. Storeroom – Shall ensure a variety and sufficient number of pairs of non-prescription safety glasses are kept in stock to be used by non-employees, visitors, etc.
- D. Employees - Employees should comply with University policies and departmental procedures.

IV. DEFINITIONS

- A. OSHA – Occupational Safety and Health Administration
- B. ANSI – American National Standards Institute

V. EYE AND FACE PROTECTION

- A. Wear safety protection equipment (especially the wrap around face shield). Safety glasses or goggles are required to be worn with the face shield when operating machines and equipment that may produce flying particles.
- B. Safety glasses or goggles are required when working overhead.
- C. Safety glasses are required when using power tools.
- D. Safety glasses are required when drilling, chipping, driving nails, hitting steel on steel, and when pouring concrete.
- E. Safety goggles with side shields are required when handling chemicals. Corrosive chemicals, such as drain openers, battery acids and wet cell batteries require a full-face shield in addition to safety glasses, PVC gloves and a rubber apron. Keep hands away from eyes.
- F. A welder's helmet, apron, gloves, and jacket shall be worn during welding.
- G. Be knowledgeable of the location and method of operation of eye wash stations and flood eyes with water if contact with foreign matter is suspected. Get help. Do not try to remove foreign matter yourself.

VI. PROCEDURE

- A. The following shop(s) will be required to wear safety eyewear protection while in the shop area and/or while performing similar duties outside of the shop:
 - Garage
 - Small Engine
- B. Other FM staff will have access to eye protection and should wear appropriate protection when they are potentially exposed to hazards and are required to wear face shields and/or goggles when exposed to these hazards.
- C. Acquiring Non-prescription Safety Glasses
 - Upon initial assignment to a position requiring safety glasses, the employee will be provided with one set of non-prescription safety glasses (with non-removable side shields.) It is recommended the employee be allowed to choose from several styles, as style and comfort are factors in ensuring employees wear safety equipment. These glasses will be worn until prescription safety glasses, if needed, have been received. Replacements for lost or damaged safety glasses will be acquired through the employee's supervisor approval and

at the storeroom. The employee may be responsible for the purchase of replacement safety glasses that are lost or damaged due to the employee's negligence.

D. Acquiring Prescription Safety Glasses

- If the employee works in Facilities Management and wears prescription glasses and is potentially exposed to impacts from flying objects, he/she could qualify for the prescription safety glasses with non-removable side shields. Once qualified, the employee will be issued nonprescription glasses to be worn over prescription glasses until the prescription glasses are received. Prescription safety glasses are available at stores or an individual's optometrists. The following procedure must be followed to purchase prescription safety glasses.
 - I. The employee must obtain approval from his/her supervisor and Director. For initial purchase and/or purchase of replacement of safety glasses, the employee must complete a FM Prescription Safety Glasses Approval Form (See below)
 - II. The employee will schedule an eye exam or obtain their current (less than a year since the employee's vision was tested) optical prescription from their optometrist. The employee will provide a copy of their optical prescription to their optical professional to ensure proper service. At this time, the prescription style, lens material option, lens treatment option, side shield style and frame style shall be selected.
 - III. FM will pay up to \$100 toward the prescription safety glass purchase. The employee is responsible for the cost of the examination, fitting, and any cost over and above \$100.
 - IV. To receive reimbursement for up to \$100 toward the cost of frames and lenses a copy of the original receipt must be submitted to the FM Budget Manager. They will complete a request or Claim for Reimbursement form, and submit it to the Executive Director of Facilities and Construction for approval and submission to Financial Services. The reimbursement will be direct deposited into the employees account.

E. Replacement of Safety Glasses

- Safety glasses will be replaced when an employee's prescription changes or when the glasses are lost or damaged during normal wear and use. Employees requesting replacement of lost or damaged safety glasses must receive approval from their supervisor. Safety glasses lost or damaged due to employee negligence may be replaced at the employee's expense. The decision of negligence will be made by the supervisor with consultation from the manager. If it has been more than a year since the employee's vision was tested, Facilities Management recommends an employee have his/her vision checked before replacing safety glasses lost or damaged. Employees requesting replacement of safety glasses due to a prescription change should follow procedures outlined under IV. To ensure the safety of the employee during the replacement process, the employee will be required to wear non-prescription safety glasses over his/her regular prescription glasses. Unless otherwise covered above, the university will replace prescription safety glasses at a frequency of not more than once every two years.

F. Return of Safety Glasses

- Eye protective devices issued to employees and visitors remain the property of the University and are to be returned when use is no longer necessary. Upon termination of employment or transfer to another position that does not require the use of safety glasses, the employee shall turn in his/her safety glasses as part of the termination/reassignment process. The disposition of prescription safety glasses will be determined by the department, as other employees can seldom use these protective devices. Visitors shall turn in safety glasses to the issuing department upon conclusion of the activity requiring the use of safety glasses. Eye protective devices must be thoroughly cleaned and disinfected before issued to another person. Disinfection can be conducted with isopropyl alcohol wipes followed by soap and water or thorough cleaning with disinfectant solution.

G. Approved Optical Professional

- Contracting with an optical professional for the eye exam, fitting, and adjustment is the employee's responsibility. Any optical professional that can provide the necessary services is acceptable to the university.

H. Contact Lenses

- The National Society to Prevent Blindness states contact lenses do not provide eye protection in the industrial sense, and must be worn only in conjunction with approved safety eyewear. Contact lenses will not be covered for purchase. However, contact lens wearers may choose to obtain non-prescription safety glasses to wear over their contact lenses or obtain prescription safety glasses.

I. Photo Gray or Other Tinted Lenses

- Photo gray or other tinted lenses are not permitted, unless the employee has a signed authorization from a licensed optical professional stating the reasons for the lenses. The authorization from the optical professional will be presented to the shop supervisor for review and final approval.

Prescription Safety Glasses Approval Form

Employee Name: _____ Date: _____

Department: _____ Shop: _____

1. Initial Purchase

Check One: New Hire
 Job Reassignment
 Existing Position

If you are a new hire or have been reassigned to a new position, please explain the work activities you will be performing that require you to wear safety glasses.

2. Replacement

Check One: Lost
 Damaged

If you require a replacement for lost or damaged safety glasses, please explain the circumstances surrounding the loss or damage of the glasses. Also, include the damaged safety glasses with the form.

I attest that all of the statements are true to the best of my ability and knowledge.

Employee Signature: _____ Date: _____

Approve Deny (check one)

Supervisor's Signature: _____ Date: _____

Approve Deny (check one)

Director's Signature: _____ Date: _____