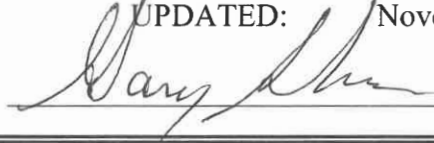




POLICY: I: 31 Safety Glasses and Eye Protection
Procedure Review: Annually

DATED: March 2016
UPDATED: November 2024

APPROVED: Executive Director of Facilities and Construction:



I. INTRODUCTION

This policy establishes the 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 and contractors who may expose themselves to a risk of eye injury while on university premises, whether owned or leased. Employees who are issued safety glasses or goggles will be required to wear them at all times when they are exposed to the potential for impact with flying particles or chemicals. 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.
- C. Storeroom – Shall ensure a variety and sufficient number of non-prescription safety glasses and goggles are kept in stock.
- D. Employees – Responsible for complying with university policies and departmental procedures.

IV. EYE AND FACE PROTECTION

- A. Safety glasses or goggles should fit securely and be free of smudges or scratches that may obstruct vision.
- B. Safety glasses or goggles are required to be worn with face shield when operating machines and equipment that may produce flying particles.
- C. Safety glasses or goggles with brown protection are required when working overhead.
- D. Safety glasses are required when using power tools.
- E. Safety glasses are required when drilling, chipping, driving nails, hitting steel on steel, and when pouring concrete.
- F. Safety goggles with side shields are required when handling chemicals such as cleaning solutions. 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.
- G. A welder's helmet, apron, gloves, and jacket shall be worn during welding.
- H. 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. Do not try to remove foreign matter yourself. Always seek medical help when foreign matter or chemical splash gets into the eyes.

V. PROCEDURE

- A. The following shop(s) are 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. 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.
- D. Prescription Safety Glasses

- If an employee wears prescription glasses and is potentially exposed to impacts from flying objects, they may qualify for 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.
 1. The employee must obtain approval from their supervisor and director. For initial purchase and/or purchase of replacement of safety glasses, the employee must complete the FM Prescription Safety Glasses Approval Form (See below).
 2. 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 the prescription to their optical professional to ensure proper service.
 3. FM will pay up to \$150 toward the prescription safety glass purchase. The employee is responsible for the cost of the examination, fitting, and any cost over and above \$150.
 4. To receive reimbursement, a copy of the original receipt must be submitted to the FM Budget Manager. A request or Claim for Reimbursement form will be completed and submitted to the Executive Director of Facilities and Construction for approval. The reimbursement will be direct deposited into the employee's account.

E. Replacement of Safety Glasses

- Safety glasses will be replaced when an employee's prescription changes or when 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, FM recommends an employee have their vision checked before replacing safety glasses lost or damaged. 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 no more than once every two years.

F. 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.

G. 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.

H. 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 supervisor for review and final approval.
- Safety sunglasses may be provided and used by employees if they are working outside or on roofs for extended periods of time.

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: _____