



INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS
University Environmental Health and Safety

Instructions for Requesting Prescription Safety Eyewear

All departments and employees covered by the Indiana University Personal Protective Equipment Program must use this form to request prescription safety eyewear. The clinic issuing prescription safety glasses will not issue eyewear without a completed form.

To complete the form:

- Supervisor must provide employee and billing information and appropriate department signatures.
- Form must be legible. Please print clearly.
- Provide employee's name as officially listed with the university.
- Indicate whether a PPE Hazard Assessment has been completed or not.
- Forward completed form to the respective campus:

Indianapolis

Environmental Health and Safety - IUPUI
980 Indiana Avenue, 4th Floor
Attention: Occupational Health and Safety Manager
Fax: 317-278-2158 or e-mail a PDF to ehs@iupui.edu

Bloomington

Environmental Health and Safety - Bloomington
1514 East Third Street
Attention: Occupational Health and Safety Manager
Fax: 812-855-7906 or e-mail a PDF to iuehs@indiana.edu

Regionals

Environmental Health and Safety - Regionals
3400 Broadway
Gary, Indiana 46408
Attention: Regional Director
Fax: 219-981-4248 or e-mail a PDF to kmanteuf@iun.edu

Environmental Health and Safety (EHS) will verify that PPE hazard assessment has been performed, and is current; if not will schedule and perform prior to approving request.

- EHS will approve/disapprove the form.
- Make copy of form for EHS records.
- Return original form to employee's manager.

If approved, employee's manager will forward form to employee (maintaining any desired records)

- Employee will schedule appointment for eye exam, if needed, and for obtaining eyewear with the approved eye care center for the respective campus.
- Employee will meet with the approved eye care center for the respective campus personnel to select eyewear and have properly fitted.

The personal protective equipment policy can be found at www.protect.iu.edu/ehs. Contact EHS for your respective campus with specific questions regarding the prescription safety glasses program.



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Note: Any employee may purchase safety eyewear, whether required by job hazards or not. In this case, the employee will be responsible for all costs.

Request for Prescription Safety Glasses

Today's Date:		
EMPLOYEE INFORMATION		
Employee Name:	Employee User ID:	
Department Name:	Employee Job Title/Job Description:	
Has a PPE Hazard Assessment been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION		
<i>The employee is authorized to:</i>		
<input type="checkbox"/> Receive new prescription safety eyewear:		
<input type="checkbox"/>	Safety Glasses	
<input type="checkbox"/>	Safety Sun Glasses	<i>Note: The approved eye care center does not provide prescription safety goggles or prescription welding masks, laser safety glasses or other specialized safety eyewear.</i>
<input type="checkbox"/>	Safety Glasses with Sun Changing Lenses	<i>Note: The department will cover the cost of sun changing lenses and progressive lenses if the feature is already part of the employee's personal glasses prescription. The clinic will check you existing personal glasses to confirm. If you do not have these as your personal prescription glasses, the cost will be the employee's responsibility.</i>
<input type="checkbox"/>	Safety Glasses with Progressive (no-line bifocal) Lenses	
<input type="checkbox"/>	Leaded (Pb) Glasses	
<input type="checkbox"/> Have existing safety eyewear repaired		
If employee is requesting tinted lenses, please provide rationale:		

REASON FOR REQUEST	
<input type="checkbox"/> Initial Pair of Safety Glasses	<input type="checkbox"/> There has been a change in prescription in the past year
<input type="checkbox"/> Two years without a change in prescription	<input type="checkbox"/> Repair damage to existing pair

BILLING INFORMATION		
Department Name:		
Account Number:	Sub Account:	Object Code (4565 Default)

APPROVALS		
Supervisor's Name:	Date:	Phone:
Supervisor's Signature:		
EHS Signature:	Date:	