

Safety Eyewear Purchase Approval

DIRECTIONS

Please complete all sections and obtain all signatures. The final form is processed by Environmental Health Safety & Risk Management. **Refer to the detailed procedure provided on page 2.** Eyewear must be ANSI z87.1-210 with Side Shields.

EMPLOYEE INFORMATION

Aggie ID: _____ Name: _____ Title: _____
 Today's Date: _____ Employees Phone Number: _____ Date of Last Issued Safety Glasses: _____

REASON FOR REQUEST

Initial Pair of Safety Glasses One year since date of eye wear purchase Repair damage or replace lens on safety glasses

Prescription Date: _____ Optometrist Name: _____

Current Prescription Attached YES NO

EMPLOYEE SIGNATURE

I agree to comply with all rules and regulations concerning the purchase and use of safety eyewear per NMSU Policies and Procedures including wearing of side shields when needed for protection. All information represented is true and to the best of my knowledge. **I agree to pay WALMART any balance over the authorized allowance.**

Employee's Printed Name: _____ Signature _____ Date: _____

APPROVAL

I authorize this purchase of prescription safety eyewear for the maximum amount stated below.
 MAXIMUM AMOUNT ALLOWED for one pair Safety Eyewear ANSI z87.1-210 is **\$200.00** or this amount
 \$ _____

Index: _____ Fund: _____ Supervisor's Printed Name : _____ Signature _____ Date: _____

Director/Dept Head: _____ Signature _____ Date: _____
 Printed Name _____

ADMINISTRATIVE USE ONLY

Reviewed/Received by Printed Name: _____ Signature _____ Date: _____

Voucher: Authorize employee to receive one pair ANSI Z87.1-2010 Safety Glasses with side shields

Copy must be sent to EHS&RM ehs@nmsu.edu or Fax 575-646-7898 Date sent: _____

WALMART VISION CENTER
 Store 5155
 1559 S. Valley Drive
 Las Cruces, NM 88005

ATTN: Manager
 FAX to: 523-9639
 Phone: (575) 523-9637

Walmart Hours of operation:
 Monday - Sat 9:00 am- 7:00 pm
 Sunday 10:00 am - 3:00 pm

BILLING INSTRUCTIONS: Vision Center, please send invoice to EHS & RM:
 Fax: (575) 646-7898 Ph: (575) 646-3327

PRESCRIPTION SAFETY GLASSES

PROCEDURE FOR ORDERING PRESCRIPTION SAFETY GLASSES

Must be ANSI Z87.1-2010 Certified

1. Employee obtains permission from their department supervisor to receive an allowance for prescription safety glasses as NMSU provided Personal Protective Equipment (PPE).

Facilities and Services employees, please see Esther Amezquita, Grounds Shop.

2. Employee obtains a new prescription from their doctor (prescription should be less than 2 years old).
3. Department Head/Director with authority to fund PPE completes PRESCRIPTION SAFETY GLASSES PROCUREMENT FORM. (Form is attached).

Facilities and Services employees, please see Esther Amezquita.

4. Department staff member faxes the completed form to EHS&RM 646-7898 and provides a copy of the completed original form to the employee.
5. Employee takes the copy of the signed form to the Walmart Vision Center at 1550 South Valley Drive to select safety glasses within 30 days.
6. Walmart Vision Center will fax an invoice and copy of signed PRESCRIPTION SAFETY GLASSES PROCUREMENT FORM to EHS&RM for payment.
7. EHS&RM will pay invoice with PCard via phone; original form is support documentation for PCard reconciling. EH&S will assign charge in PCard reconciling to appropriate index provided on the form.
8. After payment received, Walmart to notify employee to pick up glasses.
9. Employee returns to pick up glasses and any amount over what the department or VSP Insurance will pay, is the responsibility of the employee to pay to Walmart. Walmart will not release glasses until overage charge has been paid.

Note: NMSU Environmental Health Safety & Risk Management (EHS&RM) provides this procedure for NMSU Departments to use for employee to obtain authorized prescription safety eyewear. Other vendors may also be used as long as the eyewear complies with ANSI Z87.1-2010 standard for safety glasses.