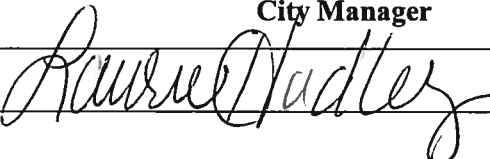




## City of Round Rock Safety Glasses/Goggles Program

<b>Authors</b>		City Manager's Office	
<b>Effective Date</b>			
<b>Approval</b>	<b>Date</b>	February 1, 2018	
	<b>Name</b>	Laurie Hadley	
	<b>Title</b>	City Manager	
	<b>Signature</b>		

### I. Scope

Employees shall wear safety glasses/goggles, and other face protection when the face and eyes are subject to hazards from flying particles and objects, molten metal, liquid chemicals, acids, caustic liquids, chemical gasses or vapors and raw sewage. This includes but is not limited to the use of line trimmers, edgers, concrete saws, grinders, sand blasting equipment, sewer line repairs, lab testing equipment and welders. All safety glasses/goggles and face protection shall meet the requirements of ANSI/ISEA Z87.1-2010. Each department will determine which job positions are required to wear safety glasses, safety goggles and other face protection, the classifications required, and shall notify the employee that wearing safety glasses/goggles and/or other face protection is a prerequisite to employment. Employees that wear prescription eyewear shall be eligible for prescription safety glasses/goggles in accordance with the terms of this policy.

### II. Eye Wear Classifications

Based on job task, an employee may require more than one eye wear classification.

- A. Employees subject to high velocity impact particles shall wear nonprescription glasses/goggles marked as Z87+ with side shielding. Employees with prescription glasses/goggles, shall wear glasses/goggles marked as Z87 2+.
- B. Employees subject to dust shall wear nonprescription glasses/goggles marked as Z87 D4 Employees with prescription glasses/goggles, shall wear glasses/goggles marked as Z87 2D4.

- C. Employees subject to fine dust, dust that remains airborne for more than 10 minutes, shall wear glasses/goggles marked as Z87 D5. Employees with prescription glasses/goggles, shall wear glasses/goggles marked as Z87 2D5.
- D. Employee subject to liquid droplets, including chemicals and raw sewage, shall wear glasses/goggles rated Z87 D3. Employees with prescription glasses/goggles, shall wear glasses/goggles marked as Z87 2D3.

**NOTE:**

- *Employees may substitute written documentation in place of safety markings being on the frame provided the documentation clearly states the eyewear meets the required classification(s).*
- *Any glasses meeting the D3 classification shall automatically be deemed as meeting the D4 and D5 classification.*

### **III. Eligibility for Reimbursement of Safety Glasses/Goggles**

Employees who have completed their probationary period and who are required to wear safety glasses/goggles while on duty are eligible to purchase said items which meet the minimum standards identified above. Department superintendents and supervisors are responsible for identifying need, maintaining records of purchase, maintaining documentation where the markings are not present, and reimbursement. Other face protection shall be provided by the departments.

New employees who are required to wear safety glasses/goggles while on duty will be eligible for authorization to purchase or receive reimbursement while serving in their probationary period. If the employee fails to complete the probationary period, amounts paid to purchase the glasses or goggles will be deducted from their final paycheck.

Employees may purchase safety glasses/goggles of their choice upon receiving authorization from their supervisor. The glasses/goggles must meet applicable safety standards as noted above. The program is limited to one pair of glasses or reimbursement every two (2) years.

Safety glasses/goggles are to be purchased on personal time only, not on City time. There will be no personal mileage reimbursement and no transportation provided by a City vehicle for purchase of these glasses or goggles.

### **IV. Payment**

Employees have two options in which they can purchase approved safety glasses/goggles, as explained below:

- 1) Employees must obtain a pair of approved non-prescription safety glasses/goggles from their supervisor. Employees can go to the store of their choice to purchase prescription lenses provided they meet the standards as noted above. A paid receipt specifying safety lenses were purchased is to be submitted to the supervisor as proof of purchase. A copy of the receipt will be attached to a purchase order made out to the employee for reimbursement of up to \$100 for single prescription lenses and \$150.00 for bifocals (lined or progressive).

2) The City has an account set up with authorized vendors. The Safety Glasses/Goggles Authorization Form is located on the Employee Net, HR Home Page, under Safety and Risk Management. Employees must obtain a signed authorization form and a pair of approved non-prescription safety glasses/goggles from their Supervisor before they can make a purchase. Employees must present the pre-approved non-prescription goggles and Authorization to Purchase form at the point of sale to the approved vendor. Employees are responsible for any amount over \$100.00 for single prescription lenses and over \$150.00 for bifocals (lined or progressive).

## **V. Administration**

- 1) Department will keep on file a completed Protective Safety Glasses/Goggles Assessment form for each job title that requires safety glasses/goggles or other face protection.
- 2) The Department shall identify on the assessment form whether the job position requires a single or multiple eyewear classifications by listed the ANZI level(s) required.
- 3) Departments will be responsible for supplying non-prescription safety glasses or safety goggles with removable lenses to employees that wear glasses or contacts.
- 4) Departments will be responsible for issuing the Authorization Form to employees.
- 5) Departments will be responsible for verifying and approving reimbursements when requested and submitting them to Finance for payment.
- 6) Departments will be responsible for monitoring the two (2) year period to ensure employees comply.



## PROTECTIVE SAFETY GLASSES/GOGGLES ASSESSMENT FORM

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Job Title \_\_\_\_\_

Daily duties:

\_\_\_\_\_  
\_\_\_\_\_

Potential exposures to workplace hazards:

\_\_\_\_\_  
\_\_\_\_\_

Check the type of protective safety glasses, safety goggles or other face protection needed:

ANSI Z-87 +    ANSI Z-87 D3    ANSI Z-87 D4    ANSI Z-87 D5    Other

### Rating Definitions:

Z-87            Must be crush and puncture resistant

Z-87 D3        Must be liquid resistant

Z-87 D4        Dust resistant

Z- 87 D5        Fine dust resistant defined as dust particles that stay aloft more than 10 minutes

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Prescription Safety Eyewear Authorization Form

Maximum Subsidy: \$150

### To obtain prescription safety eyewear:

1. A City of Round Rock I.D. is required to be presented at point of sale to the authorized vendor.  
Authorized vendor - Eyemart Express
2. The City of Round Rock will cover a cost of up to \$150.00 per year for safety eyewear as identified below.  
Eyewear must, at a minimum meet or exceed ANSI/ISEA Z87.1-2010 standards.
3. Eyewear purchase totals in excess of \$100.00 for single script lenses and \$150 for bifocal lenses will be paid by the employee at the time of sale.
4. The original, detailed receipt must be returned to the departmental representative that provides approval below.

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### Section 1: Request for bifocal safety glasses - Up to \$150.00 (To be completed by employee.)

Employee Name-typed: \_\_\_\_\_ Department Code: select

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### Section 2: Request for single script lenses- Up to \$100.00 (To be completed by employee.)

Employee Name-typed: \_\_\_\_\_ Department code: select

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### Section 3: Required signatures before purchase

I understand that should I leave employment with the City of Round Rock prior to completing the probationary period, the amount paid for my safety eyewear will be deducted from my final check.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name-typed: \_\_\_\_\_

