



City of Round Rock Safety Glasses/Goggles Program

Authors		City Manager's Office	
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	Name	Laurie Hadley	
	Title	City Manager	
	Signature	<i>Laurie Hadley</i>	

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.

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 \$140.00 for single prescription lenses and over \$185.00 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 eye wear classification by listing 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.



Prescription Safety Eyewear Authorization Form

Maximum Subsidy: \$185

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 or Clearly Eyecare

2. The City of Round Rock will cover a cost of up to \$185.00 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 exceeding \$140.00 for single script lenses and \$185.00 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.

Section 1: Request for bifocal safety glasses - Up to \$185.00 (To be completed by employee.)

Employee Name-typed: _____

Department Code: select

Section 2: Request for single script lenses- Up to \$140.00 (To be completed by employee.)

Employee Name-typed: _____

Department code: select

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 Printed Name: _____ Emp Number: _____

Employee's Signature: _____ Date: _____

Supervisor Printed Name: _____

Supervisor's Signature: _____ Date: _____