



FERMILAB
ES&H SECTION

FERMILAB/AERO CO.
PRESCRIPTION SAFETY EYEWEAR REQUEST
PO Number 507337

Employee Name _____ ID# _____
Division/Section _____ Mail Station _____ Ext. _____

This employee is to be provided with 1 pair of prescription safety eyewear in accordance with ANSI Z87.1 as indicated below.

Please obtain the signature of your supervisor to order prescription safety eyewear having the options in the box below.

- Basic Eyewear Sunglasses VDT Lenses Polarized Lenses
- Torch Braze Side Shields Side Shields Brow Guards
- Solder Cut Lenses Perm. Detachable
Att.

The options in the box below are **strongly discouraged** since their use presents an unacceptable risk of injury in some work situations. Therefore, these options may only be ordered after evaluation, and signature approval, of ALL persons indicated.

- Glass Lenses** - Although glass lenses meet safety design specifications, they may shatter on severe impact. Plastic safety glasses will not shatter.
- Photochromic or Transition Lenses** - These lenses require several minutes to change shading and may darken in dark areas where ultraviolet radiation is present, or lighten in light areas where ultraviolet radiation is absent. The use of these lenses is discouraged by the DOE eye protection standard (ANSI Z87.1).

Approvals:

Supervisor _____ Date _____
Safety Officer _____ Date _____
ES&H Section Head _____ Date _____