



GENERAL SERVICES DEPARTMENT  
OPERATING PROCEDURE

Number: 2.12

Date Issued\*: 5/19/08

Revised\*:

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**Subject: Eye Protection**

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**I. PURPOSE**

Establish requirements for the use of eye protection to minimize eye injuries and provide direction for the replacement of prescription safety glasses.

**II. POLICY**

It is the policy of the General Services Department that eye protection be utilized at all times when an employee is exposed to hazards from flying particles, molten metal, liquid chemicals, acid or caustic liquids, chemical gases or vapors, or potentially damaging light radiation.

**III. DEFINITIONS**

- A. **JHA (Job Hazard Analysis)** – A process in which hazards are identified and hazard controls utilized to reduce injury for a job classification or a job task.

**IV. RESPONSIBILITIES**

- A. **Department Safety Coordinator**  
Assist Divisions in the development of JHAs for each job task or job classification.
- B. **Division Administrator**  
Conduct a JHA for each job description or task within the Division to identify where the use of safety eyewear will be required.
- C. **Supervisors**  
Ensure employees understand and have a copy of the JHA available for their job classification or assigned task. Assist in identifying where safety eyewear will be required and enforce its use. Process prescription safety glass replacement documentation when required and ensure that employees secure eyewear that meets applicable ANSI Standards.
- D. **Employee**  
Employees shall wear safety eyewear when and where required by the JHA. Employees that utilize prescription safety glasses shall ensure that they meet applicable ANSI Standards.

**V. PROCEDURE**

- A. **General Department Requirements**
1. **Fleet Services**  
Employees shall use eye protection that provides side protection when working on, under or around any vehicle, while operating machinery or during cutting and welding operations or when exposures to airborne particles are present.



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2. **Facilities Management**  
Employees shall use eye protection that provides side protection when cutting, drilling, soldering, or operating machinery or when exposures to airborne particles are present.
  3. **Communications**  
Employees shall use eye protection that provides side protection when working on, under or around any vehicle, cutting, drilling, soldering, or operating machinery or when exposures to airborne particles are present.
  4. **A&E**  
Employees shall use eye protection when required by the contractor to enter a construction site or when exposures to airborne particles are present.
- B. Prescription Glasses**  
Employees who wear prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that can be worn over the prescription glasses without disturbing the proper fit and position of the prescription glasses.
- C. Prescription Safety Glasses**  
Employees required to wear safety eyewear, as detailed by their job classification or task JHA, may wear prescription safety glasses. Prescription safety glasses must be distinctly marked to facilitate identification of the manufacturer, that they meet or exceed ANSI Z87.1-1989 safety glass requirements and have protective side shields.
- D. Reimbursement for Prescription Safety Glasses**  
Damaged prescription safety glasses will be repaired or replaced as appropriate up to \$175 for all GSD employees required to wear safety eyewear. Initial purchases up to \$175 for prescription safety glasses will be provided for AFSCME-eligible employees required to wear safety eyewear.
1. **Employee:**
    - a) Shall have the damaged prescription safety glasses repaired or replaced.
    - b) Complete the "Request for Reimbursement of Prescription Safety Glasses" form (see attachment).
    - c) Give the completed request form to their supervisor, along with the unrepairable prescription safety glasses (if glasses could not be repaired) and the optical receipt for repair or replacement.



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**2. Supervisor:**

- a) Inspect the new prescription safety glasses for ANSI Z87.1-1989 compliance (the notation Z87.1 must be clearly marked somewhere on the glasses or frames).
- b) Sign the optical receipt and write "Approved" on it. Give the receipt to the Division Account Clerk or designee.
- c) Fill out the bottom portion of the "Request for Reimbursement of Prescription Safety Glasses" form (see attachment) and have it filed into the Division Employee Personnel file.
- d) Destroy old prescription safety glasses.

**3. Division Account Clerk or Designee:**

Process DA-23 for employee reimbursement.

**E. Welding**

During welding, cutting or brazing operations, employees shall use eye protection with light filter lenses that have a shade number appropriate for the work being performed to provide protection from light radiation. Shade requirements are detailed in OSHM – 001 (see references).

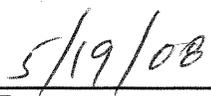
**Attachments:** Request for Reimbursement of Prescription Safety Glasses

**References:** OSHM S-001 Personal Protective Equipment  
<http://intranet.ci.tucson.az.us/css/pdfs/oshm/S-001.pdf>

**Review Responsibility and Frequency:** General Services Department Safety Coordinator shall review this procedure annually.

**Authorized:**

  
\_\_\_\_\_  
Department Director

  
\_\_\_\_\_  
Date



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**General Services Department  
Request for Reimbursement of Prescription Safety Glasses**  
For AFSCME-Eligible Employees, Only

First time purchase \_\_\_\_\_ Repair \_\_\_\_\_ Replacement \_\_\_\_\_

**Employee's Statement for replacement:** Explain briefly how and where the damage occurred and specifically what the damage is to the glasses. Statement must be submitted to your supervisor within 24 hours of damage.

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Employee's Signature                      Employee #                      Date

**Supervisor's Statement:** Describe what activities the employee was engaged in at the time the damage occurred. Inspect the new purchase, repair or replacement glasses for conformance to ANSI safety standard Z87.1.2003 protection level, located inside the frames. Complete form and file a Near-Miss Report with the Department Safety Coordinator if replacement or repairs are required. Sign receipt as "Approved" and submit to the Division Account Clerk for reimbursement.

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Supervisor's Signature                      Date

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