Safety Shoe Authorization Form

Note: The Department of Environmental Health and Safety (EHS) must sign this form and approve the request. Safety shoes should only be requested for employees who are exposed to foot injuries.

Employee's Name ____________________________ Department ____________________________

Job Title ____________________________ Phone # ____________________________

Supervisor's Name ____________________________ Phone # ____________________________

Please indicate (below) why you are authorizing safety shoes

☐ This employee is new or has not been issued safety shoes.

☐ This person needs replacement safety shoes. Refer to Safety Shoe Procedures for details.

I confirm that I have inspected the shoes to be replaced and deem them in need of replacement. Employees shall discard their old shoes upon receipt of the replacement.

Supervisor’s/Manager’s Signature ____________________________ Date __________

EHS Signature ____________________________ Date ____________________________

CSU, East Bay
Department of Environmental Health & Safety
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