CSU, East Bay Department of Environmental Health & Safety

Prescription Safety Glasses Authorization Form

Note: This form must be signed by your supervisor and returned to EHS. A current prescription no more than six months old must be given to the optometry clinic. If the prescription is beyond six months you must have your eyes re-examined at your own cost either at Site for Sore Eyes or by a doctor of your own choosing. Prescription safety glasses authorized are basic SV, BF, and TF lenses with scratch resistance coating for CR-39 or polycarbonate lenses, and designed, constructed, and used in accordance with ANSI Z87.1-2003. All frames must have permanently attached side shields. Additional features are available and if elected by the employee, are the sole financial responsibility of the employee. To make an appointment, contact Site for Sore Eyes at (510) 276-6000.

Employee's Name		Department
Shop/Office		Phone #
Supervisor's Name _	·	Phone#
Supervisor's Signatu	re	
Please indica	ate why you are authorizing p	prescription safety glasses below.
The employee	is new or has not been issued	prescription safety glasses.
- ·	needs replacement/repair be replaced every two years.	prescription safety glasses. Prescription safety
EHS Signature		Date
	<u>Optometr</u>	ry Use Only
	I	
		Price
Total (EHS)	<u></u>	
	Tot	al (Patient)
Total:	(EHS & Patient)	