

CITY OF STOCKTON
RISK SERVICES
REQUEST/AUTHORIZATION FOR OCCUPATIONAL EYEWEAR

(Name of Employee)
(Please Print)

(Job Title/Department)

In accordance with CAL/OSHA Regulations Z87-1989, American National Standard Institute (ANSI) and the provisions in the City Manager's Administrative Directive, Occupational Safety Eyewear Program (HR-11), the above stated employee is authorized to schedule an appointment to select and fit his/her safety glasses on City time.

The employee's job duties meet the eligibility requirements for safety eyewear protection as contained in HR-11; therefore, the department approves the request for the above employee:

- () **Acquire safety eyeglasses that must be worn always while working in situations involving flying particles, or any situation that may cause eye injury while on duty.**
- () **Replace damaged safety eyeglasses.**
- () **Replace safety frames or eye lenses because of prescription changes (on a twenty-four (24) month interval from the date of issue).**

This authorization form must be presented to DR. MICHAEL KLOPPING, OPTOMETRIST, 5343 N. EL DORADO STREET, SUITE 10, STOCKTON, CA, 957-2824 in order to obtain safety glasses.

EMPLOYEE SIGNATURE _____ DATE: _____

DEPARTMENT HEAD/DESIGNEE
APPROVAL _____ DATE: _____

RISK SERVICES – RISK MANAGER
AUTHORIZATION _____ DATE: _____

This authorization is VOID if not used within 30 days

White (Risk Services) – Yellow (Optometrist's copy) – Pink (Employee)