

**Appendix B: Prescription Safety Glasses Approval Form
Calvin College**

Employee Name (please print) _____

Job Title _____ Department _____

I. Initial Purchase

Circle One: New Hire / Job Reassignment

Please explain the job activities that you will be performing which require you to wear impact resistant safety glasses.

II. Replacement

Circle One: Lost / Damaged

If you require a replacement of your lost or damaged safety glasses, please explain the circumstances surrounding the loss or damage of the glasses. Also, include the damaged safety glasses with the form.

I attest that all of the above statements are true to the best of my ability and knowledge.

Employee signature _____ Date _____

Approve/Deny (circle one) Supervisor's Signature _____ Date _____

Approve/Deny (circle one) EHOS Officer's Signature _____ Date _____