# Personal Protective Equipment (PPE)

**HSE0078**

**Personal Protective Equipment (PPE)**

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Document Suite Map

### 1 Introduction

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| 1.1 Purpose | This UAD document suite sets requirements for the identification and management of routine work place hazards through the use of Hazard Identification, Hazard Controls, and the use of Personal Protective Equipment.  For tasks which involve non-routine hazards, those hazards must be identified and appropriately-addressed by supplemental PPE or other means prior to initiation of work. |

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| 1.2 Target Audience | This document applies to all UAD and UAD-managed operating units, including contractors. |

### 2 Glossary

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| 2.1 Glossary | The following definitions apply to this Standard and its related documents. |

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| Term | Definition |
| ANSI | American National Standards Institute |
| ASTM | American Society for Testing and Materials |
| Hierarchy of Hazard Controls | Preferred order of control measures for hazards whereby hazard elimination equals controlling the hazard at its source. |
| JHA | Job Hazard Analysis |
| JSA | Job Safety Analysis |
| Local PPE Hazard Assessment | An evaluation of task and/or work environment hazards conducted at a UAD location, including assessments such as JSAs and JHAs. |
| MSDS | Material Safety Data Sheet |
| OSHA | Occupational Safety and Health Administration |
| PFD | Personal Flotation Device |
| PPE | Personal Protective Equipment |
| RAM | Risk Assessment Matrix |
| UAD | Upstream Americas Deep Water |
| USCG | United States Coast Guard |
| Operating Unit | Includes locations at which drilling, production, construction, warehousing, and terminal activities take place. Locations such as office complexes and training/medical facilities are not considered “operating units”. |

# PROCEDURE HSE0078-PR01

## Personal Protective Equipment (PPE) Requirements

### 1 Introduction

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| 1.1 Overview and Reference Documents | Except for respiratory protection, this document identifies minimum PPE required at all UAD operating units. Respiratory PPE is addressed in HSE0005. Additional task-specific PPE is addressed in UAD standards listed in HSE0078-PR01-TO.02 Reference and Companion Documents. |

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| 1.2 PPE Hazard Assessments | OSHA requires that each regulated facility maintain documentation that a PPE Hazard Assessment has been conducted. PPE Hazard Assessments have been conducted at the UAD operating units, and results of those assessments are reflected in the requirements of this PPE Procedure. Specific local PPE Hazard Assessments are conducted and documented routinely (often daily) at each UAD operating unit in one or more facets of the Safe Work Planning and Authorization (SWPA) Process or Permit to Work system such as Job Safety Analysis (JSA).  NOTE: See HSE0078-PR01-TO.03 Certification of Hazard Assessment. |

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| 1.3 Hierarchy of Controlling Hazards | Listed below in the order of importance/preference, Hierarchy of Controlling Hazards is used to eliminate or reduce hazards to an acceptable residual risk.   * Elimination * Substitution * Engineering Controls * Administrative Controls * PPE |

### 2 Minimum Required PPE

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| 2.1 Overview | In addition to PPE identified in local PPE Hazard Assessments, all personnel must wear the following forms of protection when at all UAD and UAD-managed operating units. When working with chemicals covered by MSDS, PPE requirements noted by the MSDS will be considered when determining appropriate PPE for the task. |

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| 2.2 Exceptions | Unless otherwise specified by local policy, these requirements do not apply inside of vehicles, “doghouses”, control rooms, living areas, offices, other “exempt” areas identified by local management, or when in safe places in the general vicinity of offices such as parking areas (unless the individual is conducting work activities in these areas).  These requirements do not apply at locations such as office complexes and training/medical facilities. |

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| 2.3 Head Protection | * Except as noted below, ANSI Type I (vertical impact), Class E hardhats are required. * A helmet approved by the UAD supervisor, rather than a hard hat, must be worn when riding in an all-terrain vehicle.   NOTE: For other exceptions see 2.2. |

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| 2.4 Eye Protection | * Safety glasses with side-shields per ANSI Z87.1 * If prescribed, prescription lenses with side-shields per ANSI Z87.1 * Goggles: * when performing work where safety glasses do not provide adequate protection (e.g. use of high pressure washers, handling hazardous chemicals) or * if deemed appropriate based on information provided in an MSDS * Hard hat, full face shield, and goggles are required for all buffing and grinding. * Permanently tinted, Photo Gray, or Photo-Chromatic lenses must not be worn during work indoors or during non-daylight hours. * Transition lenses are acceptable. * Use of contact lenses is allowed unless they pose a hazard to the wearer, such as in the presence of toxic gases. * See HSE0078-PR01-TO.04 Safety Glasses Program. * Some individuals experience discomfort when viewing video display terminals (VDTs). Special glasses can often relieve that discomfort. UAD has a program to reimburse employees for the purchase of special VDT glasses if the employee uses a VDT at least 2 hours/workday (avg.). See HSE0078-PR01-TO.06 for additional information.   NOTE: For exceptions see 2.2. |

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| 2.5 Hearing Protection | * Employees must wear hearing protection with a minimum noise reduction rating of 27 when in designated areas. Earplugs, earmuffs, or both are acceptable. * Locations that expose workers to decibel levels exceeding levels identified in HSE0007 Hearing Conservation Program must comply with and participate in requirements of HSE0007.   NOTE: For exceptions see 2.2. |

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| 2.6 Footwear | * Footwear must comply with ASTM F2412 and ASTM F2413. * Footwear shall be appropriate for expected work hazards. * Whenever the work hazard requires more than the established minimum, as identified in the local PPE Hazard Assessment, the location shall provide the adequate protection. * The above shoe requirements do not necessarily apply to visitors touring the location (i.e. not performing work) if those visitors are escorted by a designated employee. * See HSE0078-PR01-TO.01 Safety Shoe Reimbursement.   NOTE: For more exceptions see 2.2. |

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| 2.7 Hand Protection | All Shell employees and contractors at UAD locations shall wear appropriate gloves when outside of offices, buildings, and vehicles.  Gloves must also be worn when performing work, with the following exceptions:   * gloves shall be removed in situations in which wearing gloves creates a greater hazard, and * gloves may be removed for tasks requiring greater dexterity if the task does not expose hands to potential hazards.   NOTE: For more exceptions see 2.2. |

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| 2.8 Hair, Watches, and Jewelry | * Long hair must be tucked inside a shirt collar or otherwise confined. * Except for watches, exposed jewelry (e.g. rings, neck chains, wrist chains, key chains, and exposed jewelry associated with body piercings) must not be worn when working around operating equipment or when engaged in manual labor. * Wrist watches are only allowed if pins connect the watch to the band.   NOTES:   * Individual locations may have a stricter jewelry policy. * For exceptions see 2.2. |

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| 2.9 Personal Flotation Devices | In addition to the above minimum required PPE, all personnel exposed to danger of drowning shall wear an appropriate USCG-approved personal flotation device (PFD). For evacuations, Type I Emergency Evacuation Vests are required. For work activities, Type V Industrial Work Vests are required.  All personnel must wear approved PFDs when:   * transferring to or from any water craft except at facilities designed to ensure the safety of personnel so transferring (e.g. portable walkways with handrails and a cover), * working at any over-water locations not equipped with handrail protection, * working outside areas protected by handrails, * operating or riding in any open or semi-open water craft, * traveling over water in helicopters or seaplanes (FAA-approved devices required; FAA-approved inflatable PFDs are acceptable), * conducting fire and emergency drills at over-water locations, * accessing the boat landing area of an offshore structure, and * working under any other conditions determined by a boat captain and/or local supervision to require PFDs.   NOTE: For exceptions see 2.2. |

### 3 Flame-Retardant Clothing (FRC) Requirements

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| 3.1 Effective Date | The requirements of Section 3 shall become effective on 1 December 2012. |

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| 3.1 General Requirements | * Except as clarified later in this section, all UAD-GoM: * employees, * contractors, and * visitors   must wear FRC when outside of PPE exempt areas such as living quarters, the galley and the gym.   * A limited number of “loaner” FRC garments will be kept on location by UAD- GoM supervision and made available for visitors. * FRC means coveralls, or pants and shirt with long sleeves that comply with NFPA 2112. * FRC clothing shall be worn as designed. It is not acceptable to roll up shirtsleeves or pant legs. * FRC must be removed and replaced if saturated with flammable, toxic, and/or irritating substances. * Except as noted below, FRC shall always be worn as the outermost garment.   Exceptions and notes:   * FRC does not provide protection from arc flash hazards. See HSE0038 (Electrical Safe Work Practices) for information regarding tasks which require special arc flash PPE. * While welding, welders are allowed to wear PPE over their FRC that minimizes the potential for ignition, burning, or trapping hot sparks. * Chemical suits or other special protective clothing may be worn over FRC as the outermost garment when doing especially wet/dirty jobs which may impair the protective properties of the FRC within a short time, or when there is potential for chemical exposure based on information from a Material Safety Data Sheet (MSDS) or other source related to work being performed. * Fire-resistant rainwear certified by the supplier must be worn over FRC as the outermost garment during rainy weather as necessary. |

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| 3.3 Procurement, Laundering, Repair, and Replacement | * FRC garments (coveralls, pant/shirt combinations) will be provided for UAD-GoM employees. NFPA 2112-compliant FRC must be purchased (with supervisor approval) through the approved Shell vendor using this link). For reimbursement, employees must use HSE0078-PR01-T0.05 FRC Reimbursement Form. * Where required, alternative and/or specialty fire-related garments can also be purchased for UAD-GoM employees with supervisor approval. * FRC rain suits will be issued to employees by the location when needed, and will be returned to the location after use. * FRC “hood socks” to cover the head and neck during cold weather will be issued to employees by the location when needed. * Long-term and short-term UAD-GoM contractors shall provide their own FRC which meets NFPA 2112. * Badly torn or frayed garments are unacceptable and shall be removed from service. * Contract personnel will follow their company’s policy for repair/replacement. * Employees and contractors may use the laundry service for each location to launder soiled garments. FRC shall be laundered in accordance with the manufacturer’s recommendations. If the location’s laundry service is not used, follow the laundering instructions in HSE0078-PR01-TO.07. |

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| 3.4 Travel to Offshore Locations | Personnel who travel to offshore locations are not required to wear FRC on the helicopter or boat. Pre-trip planning should include a discussion of the tasks to be performed and the work areas to be entered. All personnel shall make arrangements to have FRC and other PPE available. |

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| 3.5 Verification | Location HSE personnel shall verify that this FRC policy is communicated to affected individuals, and that the policy is being followed. |

### 4 Other Requirements

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| 4.1 Inspection | All PPE must be inspected prior to each use. PPE deemed damaged or unusable must be immediately removed from service. |

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| 4.2 Storage | PPE must be stored according to manufacturers’ recommendations to ensure cleanliness and protection from damage and environmental contamination. |

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| 4.3 Training Summary | The following is a summary of training and information requirements. Training will:   * occur prior to PPE use in the workplace, * occur when introducing new PPE, * address relevant UAD standards, and * include a “demonstration of understanding” by the trainee.   Site-specific orientation must include:   * UAD minimum PPE requirements, * location-specific PPE requirements, and * identification of PPE-exempt areas.   Retraining is required based on certain triggering events including:   * changes in the workplace that require new types of PPE, * changes in standards, policies, or procedures that affect PPE usage, and * lack of knowledge or understanding of PPE usage, maintenance, sanitation, and/or storage as demonstrated by an employee.   NOTE: PPE training material is maintained at Robert Training Center. A set of slides that may be used as an aid for refresher training is included in PPE Training. |

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| 4.4 Sign Requirements | Signs must be used to designate high-noise areas, “PPE-exempt” areas, and other areas where it is appropriate to provide supplemental, specific information regarding use of PPE. |

# Tool HSE0078-PR01-TO.01

### Safety Shoe Reimbursement

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| Qualified Employees | The UAD Safety Shoe Subsidy Program applies to all UAD field personnel who are required to wear safety shoes as part of their job and to other employees who are required to visit field locations regularly for business purposes. |

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| Amount Subsidized and Vendor Requirement | UAD will provide a subsidy of up to $100 per pair, per employee, per calendar year for the purchase of approved safety shoes. Safety shoes may be purchased from a vendor of the employee’s choice, provided the safety shoes are American Society for Testing and Materials (ASTM) certified as specified in the UAD PPE Standard. |

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| Reimburse­ment Process | Reimbursement may be obtained through the following process:   * Employees who wish to receive the subsidy should complete a “Request for Company Subsidy” form (attached or available from the supervisor). * The completed form, along with a copy of the store receipt, should be provided to the supervisor for approval. * After approval by the supervisor, a copy of the subsidy form and a copy of the sales receipt must be provided to the location Timekeeper. * If the location does not have a Timekeeper, please contact your group’s Human Resource Analyst for their fax number and fax a copy of the subsidy form, along with a copy of the sales receipt, to your Human Resources Department. * Employees will be reimbursed for approved shoe purchase in a subsequent payroll check. |

### Request for Company Subsidy for Purchase of ASTM-Approved Safety Shoes

**TO: SUPERVISOR**

Attached is a receipt for purchase of one pair of ASTM-certified safety shoes for my personal use, purchased on (date). I certify that I have not received Company subsidy reimbursement for safety shoes this calendar year. I request that the Company subsidy be applied to my payroll check.

Price of Shoes: $

Sales Tax: $

Total Cost of Shoes: $ (Attach receipt; retain copy)

Company Subsidy $ (Equal to lesser of total   
 cost of shoes or $100.00)

Employee Name (Please Print) Employee Number

Employee Signature Date

The above employee has presented me with the attached receipt. The purchased safety shoes are ASTM-certified in accordance with the UAD PPE Standard. I recommend reimbursement.

Supervisor Name (Please Print)

Supervisor Signature Date

TIMEKEEPING REPRESENTATIVE INSTRUCTIONS:

* When recording payroll reimbursements, use Wage Type 2560.
* The reimbursement amount must be preceded by a negative sign (-). If the negative sign is omitted, a deduction instead of a reimbursement will result.
* Enter 1.00 on the date of purchase to indicate one pair safety shoes purchased.
* Completed form and receipt to be filed with Timekeeper’s records.

Attachment (Receipt)

# TOOL HSE0078-PR01-TO.02

### Reference and Companion Documents

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| Companion Documents | Documents in this suite are listed in the table below. |

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| **Document Number** | **Title** |
| HSE0078 | Personal Protective Equipment (PPE) |
| HSE0078-PR01 | Personal Protective Equipment (PPE) Requirements |
| HSE0078-PR01-TO.01 | Safety Shoe Reimbursement |
| HSE0078-PR01-TO.02 | Reference and Companion Documents |
| HSE0078-PR01-TO.03 | Certification of Hazard Assessment |
| HSE0078-PR01-TO.04 | Safety Glasses Program |
| HSE0078-PR01-TO.05 | FRC Reimbursement |
| HSE0078-PR01-TO.06 | Vision Correction for VDT Users |
| HSE0078-PR01-TO.07 | FRC Laundering Instructions |

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| Reference Documents | Except for respiratory PPE, HSE0078-PR01 identifies minimum PPE required at all UAD operating units. Additional task-specific PPE is addressed in the documents listed below. The list is not all-inclusive. |

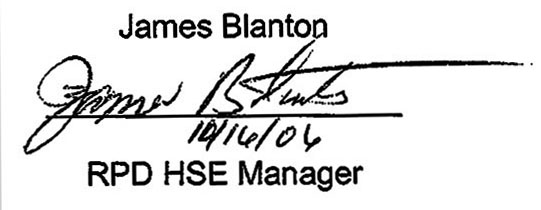
| **Document Number** | **Title** |
| --- | --- |
| Shell Documents | |
|  | Air, Marine, and Truck Transportation Safety |
|  | Electrical Systems |
|  | Environmental Compliance Manual |
| EP.13.ST.01 | UA Contractor Hand Book |
| HSE0005 | Respiratory Protection |
| HSE0007 | Hearing Conservation |
| HSE0008 | Safe Work Planning and Authorization (SWPA) Process |
| HSE0008B | Permit to Work |
| HSE0011 | Hazardous Communication (HAZCOM) Program |
| HSE0038 | Electrical Safe Work Practices |
| HSE0044 | Fall Protection |
| OPS0001B SPM 1.17 | Hydrogen Sulfide Atmospheres |
| OPS0001B SPM 1.18 | CO2 Atmospheres |
| OPS0096A | Welding/Burning on Offshore Production Platforms and Drilling/Workover Rigs |
| OPS0103A | Radiation Safety |
| OPS0191 | Blasting and Coating Best Management Practices Plan |
| **Government Regulations** | |
| OSHA 29 CFR 1910.132 | (Personal Protective Equipment) General requirements. |
| **Industry Standards** | |
| ANSI Z87.1 | American National Standard for Occupational and Educational Personal Eye and Face Protection Devices |
| ANSI Z89.1 | American National Standard for Industrial Head Protection |
| ASTM F2412 | Standard Test Methods for Foot Protection |
| ASTM F2413 | Standard Specification for Performance Requirements for Foot Protection |
| NFPA 2112 | Standard on Flame-Resistant Garments for Protection of Industrial Personnel Against Flash Fire, 2007 Edition |

# Tool HSE0078-PR01-TO.03

## Certification of Hazard Assessment

In accordance with OSHA 1910.132(d)(2), I hereby certify that Shell Upstream Americas Deep Water (UAD) have conducted PPE Hazard Assessments throughout their operating units over the course of doing business, and results of those assessments are reflected in the requirements of this PPE Standard.

Specific local PPE Hazard Assessments are conducted and documented routinely (often daily) at each UAD operating unit in one or more facets of the Safe Work Planning and Authorization (SWPA) Process or Permit to Work system. Most commonly, those assessments are documented in task Job Safety Analyses (JSAs).



James Blanton

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RPD HSE Manager

Shell Exploration & Production Company

# TOOL HSE0078-PR01-TO.04

### Safety Glasses Program

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| UAD Employees | Order form and instructions for UAD employees requiring prescription safety glasses may be found at:  https://srx.3m.com/order/e-form.asp?OBN=5100295&ShowSCCID=0.  Note – Effective 9/17/2012, credit card (GCC or personal) is the only form of payment 3M accepts; not providing credit card information will result in order rejection. |

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| Participating Eye Care Professionals | Participating eye care professionals may be found through the vendor website located at: https://srx.3m.com/locator/e-form\_default.asp. |

# Tool HSE0078-PR01-TO.05

### Flame-Retardant Clothing (FRC) Reimbursement

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| Qualified Employees | The UAD-GoM FRC Subsidy Program applies to all UAD-GoM field personnel required to wear FRC as part of their job, and to other employees who are required to visit field locations regularly for business purposes. |

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| Preferred Vendor | UAD has designated Workrite Uniform company as its preferred vendor for FRC purchases by UAD-GoM employees.  A preferred vendor provides a Shell specific catalog of items, ensures that FRCs purchased meet the UAD-GoM designated standard, provides simplified management of the FRC subsidy program, and allows individual employees to manage their own FRC purchases under the subsidy program. |

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| Amount of Subsidy | UAD will provide subsidy to cover the cost of a reasonable number of FRC garments, which comply with NFPA 2112 for Shell employees and inters. The amount of the subsidy depends on the work environment of the employee/intern. Subsidy categories are as follows:   * Full Time Employees assigned to an offshore location – $500/year; * Full Time Employees assigned to an office location who are required to visit field locations regularly for business purposes – $250/year; * Spring/Summer/Fall interns – $250/internship. |

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| Alternative Reimburse­ment Process | Reimbursement for FRC purchases made outside of the UAD-GoM FRC Subsidy Program may be obtained through the following process. |

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| Step | Action |
| 1 | Employees who wish to receive the subsidy must complete a “Request for Company Subsidy” form (next page or available from the supervisor). |
| 2 | The completed form, along with a copy of the sales receipt, must be provided to the supervisor for approval. |
| 3 | After approval by the supervisor, a copy of the subsidy form and a copy of the sales receipt must be provided to the location Timekeeper. |
| 4 | If the location does not have a Timekeeper, please contact your group’s Human Resources (HR) Associate to obtain contact information for the HR Department and e-mail, fax, or otherwise provide a copy of the subsidy form and the sales receipt to your HR Department. |
| 5 | Employees will be reimbursed for approved FRC in a subsequent payroll check. |

### Request for Company Subsidy for Purchase of NFPA 2112-Compliant FRC

**TO: SUPERVISOR**

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| Attached is a receipt for purchase of FRC compliant with NFPA 2112 which was purchased on: | | | | |  | | | (date). | |
| (If sets of “every day” FRC are included in this reimbursement request, circle whether 1 set or 2 sets).  I certify that I have not already received Company subsidy reimbursements for more than two sets of “everyday” FRC this calendar year.\* I request that the Company subsidy be applied to my payroll check. | | | | | | | | | |
|  | | |  |  |  | | | | |
| Price of FRC Items: | | | $ |  |  | | | | |
|  | | |  |  |  | | | | |
| Sales Tax: | | | $ |  |  | | | | |
|  | | |  |  |  | | | | |
| Total Cost of FRC Items: | | | $ |  | (Attach receipt; retain copy) | | | | |
|  | | |  |  |  | | | | |
| Company Subsidy | | | $ |  | (100% of the cost of:   * up to two complete sets of “everyday” approved FRC, not to exceed two sets per year\* and/or * one time only, one FRC jacket and hood.) | | | | |
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|  |  | | | |  |  | | |  |
| **Employee Name (Please Print)** | | | | **Employee Number** | | |
|  | | | | |  | | | |
|  |  | | | |  | | |  |
| **Employee Signature** | | | |  | **Date** | | |
|  | | | | | | | | | |
| The above employee has presented me with the attached receipt. The purchased FRC complies with NFPA 2112 in accordance with the UAD PPE Standard. I recommend reimbursement. | | | | | | | | | |
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| Supervisor Name (Please Print) | | | | |
|  |  | | | |  |  | | |  |
| **Supervisor’s Signature** | | | | **Date** | | |
| TIMEKEEPING REPRESENTATIVE INSTRUCTIONS:   * When recording payroll reimbursements, use Wage Type 2558 (Clothing). * The reimbursement amount must be preceded by a negative sign (-). If the negative sign is omitted, a deduction instead of a reimbursement will result. * If applicable, on the “date of purchase”, enter the digit corresponding to the number of sets of “everyday” FRC purchased (1 or 2).   Completed form and receipt to be filed with Timekeeper’s records. | | | | | | | | | |

**\*** See Amount Subsidized and NFPA Requirement for exceptions.

# Tool HSE0078-PR01-TO.06

### Vision Correction for Video Display Terminal (VDT) Users

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| Background | * Some individuals experience eye discomfort when using VDTs. In certain cases, that discomfort can be relieved by using special glasses. An eye care professional can assist in determining if special glasses will relieve an individual’s eye discomfort. * Additional information is provided at the UAD Ergonomics/Vision site. * UAD employees who need vision correction to comfortably operate a VDT are encouraged to purchase and wear appropriate vision correction. |

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| Costs Covered | * The company will reimburse up to $120 of the cost for lenses and frames meeting the criteria of these guidelines. * This price is based on typical cost for a pair of single vision plastic lenses with basic frames and ultraviolet and scratch resistant coatings. * Employees may choose to supplement the reimbursement (with their own funds) to purchase more expensive options (e.g. bifocals, designer frames, contact lenses). |

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| Qualification Criteria | To qualify for a reimbursement, both of these requirements must be met:   |  | | --- | | Job Requirement | | * The employee must be a user of a VDT that has been provided by the company for use in performing assigned work. * The employee must be able to show that his/her job requires a minimum of 2 hours of VDT use per day, on average. | | Prescription Specification | | Prescription glasses will be reimbursed only if, in the opinion of a licensed Optometrist or Ophthalmologist, they are necessary to correct a disorder such as Presbyopia, eye alignment problems, or other conditions that make it difficult to focus at normal VDT viewing distances and angles. | |

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| Eye Examination | * Employees who use VDTs are encouraged to get eye examinations every  2 years or whenever they feel visual discomfort. * The eye examination must be conducted by a licensed Optometrist or Ophthalmologist, selected by the employee and performed at the employee's expense. * Employees are expected to provide their eye specialist with all necessary information regarding their work habits, work station arrangement, and any problems they may already be experiencing. An example worksheet is attached to assist employees in providing this information. |

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| Reimburse-ment Request | Use the two-section **VDT Eyewear Reimbursement Request** form to provide information to the examining Eye Specialist and to obtain your reimbursement. |

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| Where to Submit the Form | Submit the completed **VDT Eyewear Reimbursement Request** **Form** to the person responsible for recording your timekeeping/payroll accounting. |

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| Frequency | * The frequency of company reimbursements for purchases is limited to once every 2 years except when: * A new eye examination shows that the employee’s prescription has changed and new glasses are needed, or * The employee’s glasses are damaged in an on-the-job incident. * Prescriptions used in company funded glasses purchases must be current (not more than 12 months old). |

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| Safety Glasses Wearers | * If you routinely wear safety glasses, you may want to obtain a prescription that protects your eyes and also accommodates your vision needs at the VDT. * To obtain safety glasses for both needs, you should use UAD’s Hagemeyer/Vallen Vision Safety Glasses Program. * Click here for information about the UAD and SURE safety glasses programs. If you need additional information about lens selection criteria or the Hagemeyer/Vallen Vision Program for safety glasses, contact UAD HS&E, Stacie Lowe at OSS or Karen Yost at WCK. |

## VDT Eyewear Reimbursement Request Form

(TO BE COMPLETED BY EMPLOYEE)

Section 1 - VDT Glasses Reimbursement

Enter the information below then attach your receipt of purchase for a pair of qualifying video display terminal (VDT) glasses purchased on / / (date). Submit the completed sheet to your PAYROLL ACCOUNTING REPRESENTATIVE or TIMEKEEPER for Company reimbursement for purchase of qualifying VDT glasses.

I request that the reimbursement be applied to my payroll check, as follows:

PRICE OF LENSES & FRAMES: $ SALES TAX: $   
(Attach receipt, retain a copy)

REIMBURSED COST ($120.00 max.) $

(Equal to lesser of total cost of glasses or $120.00)

EMPLOYEE CONFIRMATION:

I confirm that this purchase 1) qualifies for the reimbursement per the “Vision Correction for Video Display Terminal Users” program; and 2) has not been previously reimbursed during the past 2 years.

Employee Name (Please Print):

Employee Number:

Employee Signature:

Date: / /

ACCOUNTING OR TIMEKEEPING REPRESENTATIVE INSTRUCTIONS:

When recording payroll reimbursements, use Pay Code 2562.

NOTE: The reimbursement amount must be preceded by a negative (-) sign. If the negative sign is omitted, a deduction instead of a reimbursement will result. When timekeeper has inputted information, please forward this sheet to UAD HS&E, Stacie Lowe at One Shell Square.

OPTOMETRIST/OPHTHALMOLOGIST OPINION:

In my opinion, this prescription is necessary to correct a disorder such as Presbyopia, eye alignment problems, or other conditions that make it difficult for the employee to focus at normal VDT viewing distances and angles described to me on the following page.

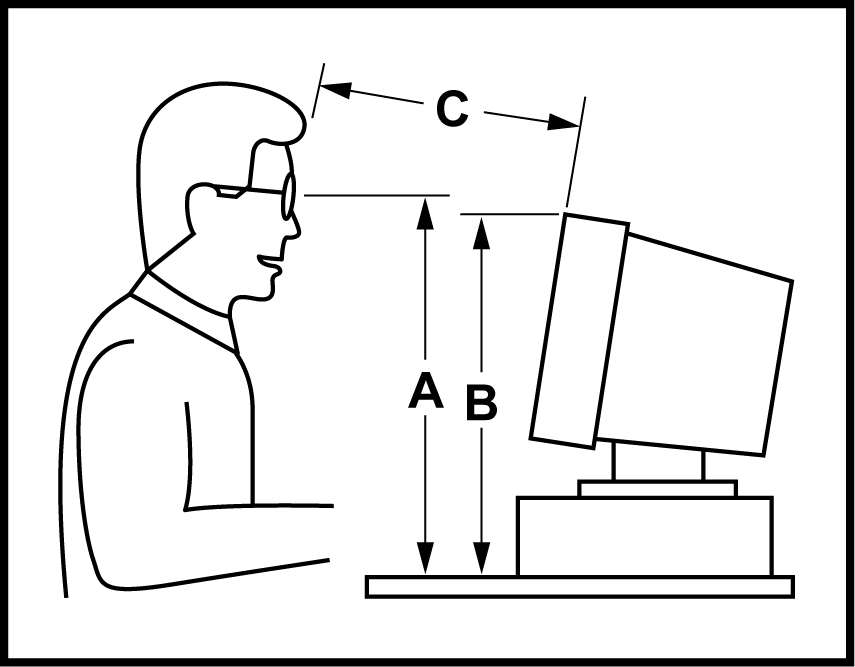
Optometrist/Ophthalmologist Signature

Section 2 – VDT Glasses Worksheet

*This form will help you describe your workstation, work habits, and any problems you may be having to your Optometrist or Ophthalmologist.*

**Workstation**

Measure your workstation according to the diagram below. (It will be easiest to have a co-worker make these measurements while you are seated at your workstation.)



A. Height of eye above desk top: inches

B. Height of top of screen: inches

C. Distance from eyes to screen: inches

**Work Habits**

Describe the type of work you do at your computer workstation (e.g. word processing, drafting, or other graphics intensive work):  
  
  
  
How many hours per day?

**Description of Problems**

Describe any problems you have been having (e.g. headaches, neck aches, backaches, blurred vision, double vision, difficulty in focusing, tired eyes, sore eyes):

# TOOL HSE0078-PR01-TO.07

### FRC Laundering Instructions

(*Double-click image to open PDF*)

