



Annex C Prescription Eyewear Authorization Form

PART 1

Brock University is committed to the prevention of illness and injury through the provision and maintenance of healthy and safe conditions on its premises. The University endeavors to provide a hazard-free environment and minimize risks by adherence to all relevant legislation, and where appropriate, through the development and implementation of additional internal standards, programs and procedures.

Brock University requires that health and safety be a primary objective in every area of operation and that all persons utilizing University premises comply with procedures, regulations and standards relating to health and safety.

- ☐ Eye Exam completed in the last 12 months
- ☐ No Metal Frames
- ☐ Permanently attached side shields
- ☐ Safety glasses shall be at the work place at all times
- ☐ Safety glasses may be replaced every 24 months or at a change of prescription
- ☐ Damaged or lost safety glasses shall be reported to Supervisor

Be wise and protect your eyes. It's the last pair you have.

Name: _____ Signed: _____

Approved By: _____ Date: _____

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PART 2

INSTRUCTIONS: Employee to complete all required information. Employee shows safety eyewear to supervisor, attaches original receipt to form, and then gives to FM Administrator for processing reimbursement. Refer to FMOP 2-8 for further information.

	PLEASE PRINT	SIGNATURE
NAME:		
EMPLOYEE NO:		
UNION: NONE	CUPE 1295	CUPE 1295 STUDENT
MANAGER:		
GROUP:	MAINTENANCE & OPERATIONS	CPDC
	CUSTODIAL SERVICES	OTHER
PRESCRIPTION EYEWEAR:	CSA APPROVED PER SHOP REQUIREMENTS	
- SAFETY LENSES	PERMANENTLY ATTACHED SIDE SHIELDS	
- OTHER - DESCRIBE:	- OTHER:	INDICATE:
One pair of CSA approved prescription eyewear is covered every 24 months.		
RECEIPT FROM:		
DATE OF RECEIPT:		
COMMENTS:		
DATE OF CLAIM:		
CHARGE TO #		