

## Chapter 19: [Personal Protective Equipment](#) PPE Purchase Approval Form

Product ID: [716](#) | Revision ID: 2200 | Date Published: 7 May 2021 | Date Effective: 7 May 2021

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/PPEFormPurchaseApproval.pdf>

This form is for documenting approval to purchase prescription safety glasses and protective footwear for individual use. It is to be completed before a worker may purchase/order prescription safety glasses or protective footwear. The worker must provide a copy of the completed form when either requesting reimbursement or ordering from a SLAC-contracted vendor. For purchase and reimbursement, the SLAC Travel Office retains copies of the form; for ordering from a SLAC-contracted vendor, the vendor retains copies. (See [Personal Protective Equipment: Safety Glasses and Protective Footwear Purchasing Procedures](#) [SLAC-I-730-0A21C-034]). For assistance, contact the [PPE program manager](#).

**Important** The approval is good for one fiscal year (October through September): purchases must be made within that same fiscal year.

### Requester's Information (requester or supervisor completes)

Worker name (please print):	_____	Dept/group:	_____
E-mail:	_____	Phone:	_____
Job function:	_____	Job title:	_____
PPE type:	<input type="checkbox"/> Prescription safety glasses <input type="checkbox"/> Protective footwear		

### Approvals and Specifications (requester's supervisor completes)

Eligibility determination	Employee type: <input type="checkbox"/> SLAC employee <input type="checkbox"/> Stanford University student										
Prescription safety glasses	<p>I have informed the requester that prescription safety glasses must be <a href="#">ANSI Z87.1</a> compliant. (For assistance with the required standard, contact the <a href="#">PPE program manager</a>.)</p> <p>I have informed the requester that the following limits apply:</p> <ul style="list-style-type: none"> <li>SLAC covers: frames, polycarbonate lenses, sideshields, scratch protection coating, Transitions VII (photochromic). Covered lenses include single vision, bi-focal, and progressives (level 1)</li> <li>Additional options are at your cost</li> <li><b>Reimbursement limit:</b> \$210 (one pair every two years)</li> </ul>										
Protective footwear	<p>I have informed the requester that protective footwear must meet appropriate standards. Safety-toe footwear must be <a href="#">ASTM F2413</a> compliant. Soft-toe protective footwear must by <a href="#">ASTM F2892</a> compliant.</p> <p>The purchased footwear must be (check all that apply):</p> <table border="0"> <tr> <td><input type="checkbox"/> Safety toe (composite or steel)</td> <td><input type="checkbox"/> Static dissipating</td> </tr> <tr> <td><input type="checkbox"/> Puncture resistant</td> <td><input type="checkbox"/> Electrical hazard</td> </tr> <tr> <td><input type="checkbox"/> Boot (ankle support and protection)</td> <td><input type="checkbox"/> Chemical resistant</td> </tr> <tr> <td><input type="checkbox"/> Slip resistant</td> <td><input type="checkbox"/> Metatarsal guard</td> </tr> <tr> <td><input type="checkbox"/> Waterproof</td> <td></td> </tr> </table> <p>Safety-toe boots are required for accessing a construction site.</p> <p>I have informed the requester that the following limits apply:</p> <ul style="list-style-type: none"> <li><b>Reimbursement limit:</b> \$175 (new) / \$100 (resole) (one pair every year)</li> </ul> <p>SLAC-contracted vendors:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Redwood Trading Post (<a href="https://www.redwoodtradingpost.com/">https://www.redwoodtradingpost.com/</a>), 1455 Veteran's Blvd, Redwood City, account: SLAC</li> <li><input type="checkbox"/> Beck's Shoes (<a href="https://www.beckshoes.com/">https://www.beckshoes.com/</a>), multiple Northern California locations, account: 81768</li> </ul>	<input type="checkbox"/> Safety toe (composite or steel)	<input type="checkbox"/> Static dissipating	<input type="checkbox"/> Puncture resistant	<input type="checkbox"/> Electrical hazard	<input type="checkbox"/> Boot (ankle support and protection)	<input type="checkbox"/> Chemical resistant	<input type="checkbox"/> Slip resistant	<input type="checkbox"/> Metatarsal guard	<input type="checkbox"/> Waterproof	
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Name (please print):	_____	Charge/PA #	_____
Signature:	_____	Date:	_____