1.0 POLICY

Protective eye equipment is required where there is a reasonable probability of injury that can be prevented by such equipment. The City of Winona shall make protection suitable for the work to be performed conveniently available to the employees who shall use such protectors. (The City of Winona does provide safety goggles for hazardous conditions.) No unprotected person shall knowingly be subjected to a hazardous environmental condition. Suitable eye protectors shall be provided where machines or operations present the hazard of flying objects, glare, liquids, injurious radiation, or a combination of these hazards.

OSHA stipulates that eye protection shall meet current minimum ANZI requirements of (1) providing adequate protection against the particular hazards mentioned above; and (2) being reasonably comfortable when worn under the designated conditions.

All City employees who are regularly subjected to hazardous working conditions, and who obtain department head permission, are able to obtain safety glasses at the expense of the City. All City employees who are subjected to the bright sunlight as a condition of their employment are also able to obtain sunglasses or sun shades at the expense of the City. The availability of tint shade is available for safety glasses.

The City of Winona has made arrangements with Gunderson Lutheran Eye Clinic, 106 East Second Street, Winona, MN 55987 to supply our industrial eye protection.

2.0 ORGANIZATIONS AFFECTED

All departments/divisions.

3.0 PROCEDURE

3.1 Safety Prescription Glasses

3.1.1. Employees eligible for safety glasses are to obtain a signed authorization form from their department head or supervisor to obtain glasses. (The employee will be unable to order safety glasses without this form.)

3.1.2. Employees must provide a prescription and bear this expense. The employee may use discretion as to whether or not an examination is required. However, it is recommended that the prescription not be more than twelve (12) months old.

3.1.3. Employees are to take the prescription and the safety glasses Authorization Form to Gunderson Lutheran Eye Clinic to place their safety eyewear order.

3.1.4. The City will pay for one standard safety glass package. This package consists of all items checked in the company pay line of the authorization form. Employees will be required to pay for any enhancements at the time of the order is placed.

3.2 Safety Plano Glasses

3.2.1. Employees eligible for safety plano glasses are to obtain permission from their department head or supervisor to obtain an Authorization Form. (The employee will be unable to obtain safety glasses without this signed form.)

3.2.2. Employees are to take the safety glasses Authorization Form to Gunderson Lutheran Eye Clinic to place their safety eyewear order.

3.2.3. The City will pay for one standard safety plano glass package. Any costs associated with lens or frame enhancements will be the employee's responsibility. Employees will be required to pay for any enhancements at the time the order for safety eyewear is placed.

3.3 NON PRESCRIPTION Sun Glasses/Sun Shades

3.3.1. Employees eligible for sun shades or sun glasses shall obtain written permission from their department head or supervisor and go directly to Gunderson Lutheran Eye Clinic to pick up their sun shades or sun glasses.

3.4 Replacement

3.4.1. In case of breakage on the job, the City will pay the replacement cost of the broken part(s). The City will also pay for replacement of lenses necessitated by change in vision or excessive scratching and/or pitting. If the safety glasses/sun glasses/sun shades are lost or destroyed due to negligence on the part of the employee, the employee will be responsible for the cost of a replacement pair.

3.4.2. Safety headbands will also be provided, if needed, to hold glasses in place while working in adverse conditions.

APPENDIX: Authorization Order Form
(Form to be completed and taken to Gunderson Lutheran Eye Clinic must be obtained from Department Head or Supervisor. You cannot order glasses without this form.)

Department Numbers:

Airport.....49829
Central Garage.....43170
City Clerk.....41420
City Hall Maintenance 41941
City Manager.....41320
Community Development..46512
Engineering.....43110
Finance 41511
Fire.....42210
Inspections.....42410
Library 45510
Park Maintenance 45210
Police 42110
Public Works.....49419
Safety Coordinator 42920
Senior Center.....45143
Street.....43120
Wastewater Treatment.....49459
Water 49414

CITY OF WINONA WINONA, MINNESOTA	NUMBER: 112-2	REVISED: 7	PAGE 4 OF 4
ADMINISTRATIVE PROCEDURE	SUBJECT: **SAFETY EYEGLASS PROGRAM**		

Addendix A

I 174356

Order Form

AOSafety®

Prescription Eyewear

Lab and Customer Service:

1728 W. Frisco
Chickasha, OK 73018
800.982.2828

401 E. Jefferson
Plymouth, IN 46563
800.982.2828

Fax order to 800.945.2828

CHARGE CARD & PAYMENT INFORMATION

- ☐ Visa
- ☐ Mastercard
- ☐ AMEX
- ☐ Discover
- ☐ Personal Check
- ☐ Money Order

Credit Card Number / Expiration Date / IVC Number

Card Holder Signature for Prescription Glasses Sold by AOSafety (Aearo Company)

☐ Payroll Deduct $

ORDER DATE: / /

Check or Money Order #

Co-Pay $ Amt. Due

Paid $ in Full

COMPANY
CITY OF WINONA
451 EAST THIRD STREET
WINONA MN

Acct # 1003014

Zip Code 55987

BILL TO
CITY OF WINONA
451 EAST THIRD STREET
WINONA MN

Acct # 1003014

Zip Code 55987

SHIP TO

Acct #

Zip Code

Please be sure to complete all information for sections where box is marked with an "X". Thank you.

☒ CUSTOMER / PATIENT NAME (LAST NAME, FIRST NAME)

CONTACT PHONE NUMBER ( )

☐ PO #

☐ Requisition / Cost Center #

☐ Other

☐ SSN #

☐ Employee Number

☐ Dept # A

Single Vision | Bifocal 28 35 | Trifocal 28 35 | Occupational 14mm 15mm 28 35 | Progressive Lens Style Circle One: AO Truvision, AO Pro, AO Compact, AO b'Active, V.Comfort, Other

Other: _____ Indicate Other Progressive Here

LENS MATERIAL Duty to warn: Polycarbonate is the most impact resistance lens material available and highly recommended.

☐ POLYCARBONATE ☐ PLASTIC CR-39 ☐ GLASS ☐ OTHER _____

TINT & COATING OPTIONS

☐ Transitions ☐ Anti-Reflective ☐ Clear ☐ Scratch Resistant Coating
☐ XtraActive ☐ Photochromatic ☐ Tint _____ ☐ UV
☐ Polarized ☐ Other _____

	Sphere	Cylinder	Axis	Prism	Base
RIGHT OD					
LEFT OS					

	Add	Seg. Hgt.	Dist P.D.	Near P.D.
RIGHT OD				
LEFT OS				

FRAME

Style Name/Model No.	Eye Size	Bridge Size	Temple Length	Color

SIDESHIELDS ☐ Permanent ☒ Detachable ☐ Gray ☐ T-LOC™ ☐ *Integrated ☐ *Perforated ☐ *Breeze Catcher®

Please consult catalog for available sideshield options. *Only available on select styles.

SPECIAL INSTRUCTIONS ☐ RUSH JOB ☐ LENSES ONLY ☐ FRAME ONLY

Supervisor's Signature — Phone No. — Fax No.

Doctor's/Optician's Name — Phone No. — Fax No.

FRAME GROUPS	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Base Group	X			
Group A	X			
Group B	X			
Group C	X			
Group D		X	15.00	
Group D PLUS		X	25.00	
Group E		X	30.00	
Group F		X	45.00	
Group G		X	60.00	
Group G PLUS		X	85.00	
Urban Clip-Ons		X	50.00	

LENS STYLES	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Single Vision	X			
Bifocal	X			
Trifocal	X			
Base TruVision, Premier Plus	X			
I AOPro		X	25.00	
II Sola XL, Sola VIP, AO Compact		X	25.00	
III b'Active, Comfort,XL/VIP Gold		X	45.00	
IV Varilux Panamic		X	65.00	
		X	+	

Please call 800.982.2828 for price on all progressives not listed above.

LENS MATERIALS	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Polycarbonate	X			
Tegra SV		X	16.00	
Tegra Blf		X	30.00	
Plastic CR-39	X			
Glass	X			
Mid Index				N/A
High Index		X	45.00	

LENS OPTIONS	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Photochromics		X	17.00	
Transitions		X	45.00	
Polarized		X	45.00	

TINTS & COATINGS	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Tint Shade #1	X			
Tint Shade #2	X			
Tint Shade #3	X			
UV	X			
Scratch Resistant Coating	X			
AR Coating		X	35.00	
Super Hardcoat		X	35.00	
Super AR/Crizal				N/A

OTHER OPTIONS	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Specialty Lenses		X	45.00	
Occupational	X			
Full Line Bifocals		X	35.00	
Full Line Trifocals		X	35.00	

Specialty lenses include Slab-Offs, Myodiscs, Cataracts, plus special Glass treatments such as Noviol and Dydimium.

SIDESHIELDS	Required	Not Required	Co-Pay Amount	Extra Pairs
Permanent		X		
Detachable	X			01

DISPENSING	Company Pays	Employee Pays	Co-Pay Amount	Other
Dispensing Fee	X			

If Dispensing Fee is Employee Paid, collect at time of order from employee

Employee co-payments by check, credit card, or money order are due at time of order. Mail checks and money orders with a copy of this order form to AOSafety to ensure prompt service. Employee co-pays by credit card may be faxed with this order form to 800.945.2828.

SPECIAL INSTRUCTIONS

COLLECT ALL COPAYS FROM EMPLOYEE AT TIME OF ORDER. DEPT# MUST BE ON