To: HEALTH, SAFETY & ENVIRONMENT OFFICE

REQUEST FOR PRESCRIPTION SAFETY GLASSES

Name: ________________________  Department: ________________________
Post: ________________________  Staff/Student No.: ______________
Phone No.: ____________________  E-mail: ________________________

Safety Glasses will be needed for (please tick one or more as appropriate):

☐ Working in laboratories/workshops.
☐ Field operations where there is a risk of eye injury.
☐ Other operations (please specify): ________________________

Signed by Applicant: ________________________  Endorsed by Supervisor of Applicant: ________________________

____________________________  ______________________________
Date: ________________________  Date: ________________________

Notes:
1. Applicants will be informed for an appointment to the Health, Safety & Environment Office for selection of the appropriate frames and necessary measurements and adjustments.

2. Visual acuity checks will not be provided. Applicants can either provide a copy of their prescription or bring a current pair of glasses for measurement.