



Laboratory Safety

Prescription Eye Protection Request Form

501 Westwood Plaza, 4th Floor • Los Angeles, CA 90095
 Phone: 310-825-5689 • Fax: 310-825-7076 • www.ehs.ucla.edu

The purpose of this form is to allow workers at UCLA to obtain prescription eye protection at the U See LA Optometry center, and for the worker's supervisor to indicate the type(s) of eye protection appropriate for the hazards in their work area.

Supervisors may wish to pay part, or all, of the cost of obtaining prescription eye protection for their workers, and this form allows them to easily do so. In some cases, supervisors will not be required to provide financial support. Over-the-glasses eye protection is commonly available to workers through a variety of channels, and typically provides sufficient protection. Supervisors are responsible for determining if this is the case in their work area, and are encouraged to consult EH&S in making this determination.

Workers should bring the completed form, with their supervisor's approval, to U See LA Optometry.

I. Patient Information		
Last Name	First Name	UID #
Email Address		Phone Number
Mailing Address		

II. Supervisor Approval		
Name	Department	
Email Address		Phone Number
Approved for: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Splash-Resistant Goggles <input type="checkbox"/> Other:		
Recharge ID#:		
The worker listed above is approved to wear the indicated prescription eye protection in my lab. U See LA Optometry is authorized to charge the recharge account listed above in any amount up to \$_____ as necessary to provide them.		
Signature: _____		Date: _____

Any questions regarding personal protective equipment can be addressed to the UCLA Office of Environment, Health & Safety at laboratorysafety@ehs.ucla.edu.

If you have any questions regarding optometry services at U See LA, please call (310) 267-4772.