



**SAN JUAN COLLEGE**

4601 College Blvd  
Farmington, NM 87402  
Environmental Health Office: 505-566-3063

**Personal Protective Equipment**

**Prescription Safety Glasses  
Request & Authorization Form**

Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ ID Number \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

SPO # \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Approval Signature

\_\_\_\_\_  
Environmental Health Dept. Signature

By his/her signature, the employee acknowledges that the wearing of safety glasses is a requirement for certain aspects of his/her job and that the appropriate use of the safety glasses is expected, as prescribed in the San Juan College "Eye Protection Program."

NOTE TO OPTOMITRIST: ALL SAFETY GLASSES SHALL BE EQUIPPED WITH SIDE SHIELDS.

**INSTRUCTIONS**

1. Complete Authorization form
2. Get Supervisor's approval signature
3. Get Environmental Health Dept. Signature on Authorization form
4. Take prescription and completed Authorization form to currently selected optical vendor (Classic Eyewear on Broadway) for frame selection and fitting. Please call ahead for appointment.
5. Vendor will contact you when glasses are ready.