

ARKANSAS TECH UNIVERSITY

**PRESCRIPTION SAFETY GLASS APPROVAL FORM**

WAL-MART OPTICAL  
2409 E. Main Street  
Russellville, AR. 72802  
(479)-858-6593

I, \_\_\_\_\_, agree to the terms and conditions laid out in the Facilities Management prescription safety glass program, section (32.0) of the health and safety manual.

I understand that these glasses are property of the University. Therefore, they must only be worn during working hours, cared and stored in a manner to ensure longevity and must be returned if employment is terminated for any reason.

I have a prescription on file with the Occupational Safety Coordinator that is at least 12 months or newer.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupational Safety Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Facilities Management: \_\_\_\_\_ Date: \_\_\_\_\_

The employee shall receive a pair of frames and lenses. Please circle below between clear or tinted. Please also check the appropriate box if you will require bifocals or trifocals.

**CLEAR**

**SINGLE  
VISION**

**TRI-FOCAL**

**TINTED**

**BI-FOCAL**

ADDITIONAL COMMENTS: