



**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. Contact your choice of optical vendor to see if they accept Purchase Orders from SJC.
5. Take prescription and completed Authorization form to your choice of optical vendor for frame selection and fitting. Please call ahead for appointment.