

CITY OF HIBBING
SAFETY EYE GLASS POLICY
#12-20-06

To: _____
(Name of Optometrist)

Please examine _____ for Essilor Laboratories industrial safety glasses.

Employees may be fitted with a **Basic or Thrifty frame** with side shields. The lens must be **Polycarbonate**. If bifocal lenses are required, lined bifocal or trifocal lenses will be covered by the City of Hibbing.

Safety glasses and dispensing should be billed to the City of Hibbing. The exam will be billed to the employee's health insurance policy.

Any frame or miscellaneous options over those mentioned above shall be at the employee's expense. Examples of items which are considered "extras" are:

Solid Tint

Transition (which darkens in the sun)

Scratch coating

Progressive (no lines) Lenses Levels 1 or 2

****No glass lenses will be covered**

****Safety glasses will be fitted every other year with the exception of prescription change or if the safety glasses are broken on the job.**

(Department Heads must examine glasses before the employee makes an appointment.)

Revised: 1/31/2008

Employee's Signature

Department

Supervisor Signature

Date

*****THIS FORM PLUS AN ITEMIZED BILL MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE*****