



CITY OF BALTIMORE
DIVISION OF OCCUPATIONAL SAFETY
DEPARTMENT OF FINANCE

**PROTECTIVE EQUIPMENT
 AUTHORIZATION**

Purchase Order #

Hazard Class #

Instructions:

Agency - Retain goldenrod copy for your records, forward all remaining copies with employee.

Supplier - Submit white copy to work location address, retain canary copy for your records, forward pink copy to Division of Occupational Safety, Department of Finance.

THIS FORM AUTHORIZES _____
 (Name of Company)

TO PROVIDE _____
 (Name of Employee) (Employee's Job Number)

WITH ONE PAIR OF: SAFETY GLASSES SAFETY SHOES.

AGENCY OR BUREAU _____

WORK LOCATION _____

ADDRESS _____

BUDGET ACCOUNT NUMBER _____

UNION MEMBERSHIP AFSCME
 CUB
 OTHER - SPECIFY _____

AUTHORIZED SIGNATURE _____
 (Agency or Bureau Head)

(Instructions: Itemize Services Rendered)

<u>SAFETY GLASSES TYPE</u>	<u>COST</u>	<u>SAFETY SHOES TYPE</u>	<u>COST</u>
Visual Screening	\$ _____	Work Oxford	\$ _____
Piano Safety Glasses	\$ _____	Six Inch (6") Boot	\$ _____
Side Shields	\$ _____	Eight Inch (8") Boot	\$ _____
Prescription Safety Glasses	\$ _____		
Examination	\$ _____		
Frame Only	\$ _____		
Lenses Only - 1 pair/1/2 pair	\$ _____		
TOTAL COST	\$ _____	Received: _____	_____
		Employee	Date

WHITE SUPPLIER - RETURN TO AGENCY **CANARY** SUPPLIER - RECORDS **PINK** SUPPLIER - OCCUPATIONAL SAFETY **GOLDENROD** AGENCY