



Fact Sheet and Application Form

11 March 2019

Prescription Safety Goggles

In accordance with the “Occupational Safety Directive – Personal Protective Equipment (PPE)” of 25 November 2004, the University must provide its employees with the necessary personal protective equipment free of charge. The following procedure applies with regard to prescription safety goggles:

1. Who Is Entitled to Prescription Safety Goggles?

At least one of the following criteria must be met:

- The employee has to carry out work where safety goggles are mandatory at least five times per week.
- The employee has to carry out work where safety goggles are mandatory for a period of more than a half hour.
- The employee is regularly occupied for at least 60 minutes without a break in rooms where activities that pose a danger to the eyes are carried out.

If none of the above criteria are met, standard safety goggles must be worn over normal glasses.

2. How to Apply for Prescription Safety Goggles

- 1.) The application form can be found at <http://www.su.uzh.ch/activities/arbeitsicherheit/doku.html>. Alternatively, please contact the Safety, Security and Environment office either by internal phone no. 54115 or by e-mail at info@su.uzh.ch.
- 2.) Fill in the form, have it signed by the supervisor responsible and send it to the Safety, Security and Environment office. The form is checked by the Safety, Security and Environment office, signed and sent back to the applicant together with details of the contracted optician.
- 3.) If required, the range of available frames can be tried on at the Safety, Security and Environment office.
- 4.) The applicant takes the application form and any existing personal prescriptions to the University's contracted optician. If an up-to-date prescription is not (or not yet) available, the optician will carry out standard eye tests in order to determine the required correction. The optician adjusts the frame and orders the lenses from UVEX.
- 5.) The goggles are delivered to the applicant within 10 days.

Contact

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www.su.uzh.ch



Application Form for Prescription Safety Goggles

I, the undersigned, in my supervisory capacity, hereby confirm that:

| | | | |
|---|------------------------------|------------|-------------|
| Ms. <input type="checkbox"/> | Mr. <input type="checkbox"/> | Last name: | First name: |
| Department/institute/office/seminar/clinic: | | | |
| meets at least one of the three following criteria in their work as employee of the University of Zurich: | | | |
| <ul style="list-style-type: none"> - The employee carries out work where safety goggles are mandatory at least five times per week. - The employee carries out work where safety goggles are mandatory for a period of more than a half hour. - The employee is regularly occupied for at least 60 minutes without a break in rooms where activities that pose a danger to the eyes are carried out. | | | |
| Danger to the eyes caused primarily by: | | | |
| <input type="checkbox"/> Mechanical factors (in workshops etc.) <input type="checkbox"/> Chemical factors (in labs etc.) <input type="checkbox"/> Optical factors (UV light, lasers, high light intensity) | | | |
| Ms. <input type="checkbox"/> | Mr. <input type="checkbox"/> | Last name: | First name: |
| Date: | Stamp: | Signature: | |

| | |
|---|--|
| <p>Billing Address:</p> <p>University of Zurich Safety, Security and Environment Winterthurerstr. 190 CH-8057 Zurich</p> | <p>Note:</p> <p>Charges will be passed on internally for employees of departments/institutes, clinics and seminars.</p> |
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Send form to:

University of Zurich
Safety, Security and Environment
Winterthurerstr. 190
CH-8057 Zurich

Safety goggles **may not be used as a replacement** for absent technical protective measures (e.g. shields) or organizational protective measures (e.g. warning signs).

| | | |
|--|--------|------------|
| <p>Please leave blank! After being signed by us, your application form will be returned together with details of the contracted optician.</p> | | |
| Date: | Stamp: | Signature: |