



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, US ARMY GARRISON FORT A.P. HILL
18436 4TH STREET
FORT A.P. HILL, VIRGINIA 22427-3114

REPLY TO
ATTENTION OF

IMPH-RM

11 September 2013

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy Letter #46 - Provision/Reimbursement of Protective Footwear and Prescription Safety Eyewear

1. Purpose: To provide the procedure and guidelines for providing protective footwear (including steel-toe shoes or steel-toe boots) and prescription safety eyewear to government employees.
2. Applicability: This policy applies to federal government employees assigned to United States Army Garrison (USAG), Fort A.P. Hill. It does not apply to USAG, Fort A.P. Hill Fire Department employees who are provided safety footwear as part of their uniform.
3. Proponent: The overall proponent of this policy is the Resource Management Office (RMO), Fort A.P. Hill, VA. The proponent for Appendix A and B is Safety Office, Fort A.P. Hill, VA.
4. References:
 - a. 29 USC § 651 et seq. (1970), Occupational Safety and Health Act of 1970.
 - b. 29 CFR § 1960 (1980), Basic Program Elements for Federal Employees OSHA.
 - c. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees, 30 Jun 80.
 - d. DOD Instruction 6055.1, DoD Safety and Occupational Health (SOH) Program, 19 Aug 98.
 - e. Employer Payment for Personal Protective Equipment, 72 Fed. Reg. 64341-64430 (2007).
 - f. 29 CFR § 1910.133 (2009), (Occupational Safety and Health Standards, Personal Protective Equipment (PPE), Eye and Face Protection.

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g. 29 CFR § 1910.136, (2009), Occupational Safety and Health Standards, Personal Protective Equipment (PPE), Foot Protection.

h. DA Pamphlet 385-10, The Army Safety Program, 23 May 08, with RAR 003, 19 Jan 10.

i. DA Pamphlet 385-30, Mishap Risk Management, 10 Oct 07, with RAR 001, 1 Feb 10.

j. Army Regulation 385-10, The Army Safety Program, 23 Aug 07, with RAR 004, 4 Oct 11.

k. 29 CFR § 1910.132 (2011), Occupational Safety and Health Standards, Personal Protective Equipment (PPE), General Requirements.

5. General: Although this policy addresses the specific issues related to providing protective footwear (including steel-toe shoes or steel-toe boots) and prescription safety eyewear to federal government employees, the following general guidance related to personal protective equipment is provided:

a. Personal protective equipment (PPE) such as protective clothing, respiratory devices (respirators), shields, and barriers shall be used to protect against chemical, radiological, biological, or mechanical hazards and irritants capable of causing injury or impairment through absorption, inhalation, or physical contact.

b. PPE will be provided by the Federal Government and used and maintained in a sanitary and reliable condition by the employee.

c. Supervisory Procedure for Determining Requirement for PPE:

(1) Hazard Assessment: Supervisors are responsible for assessing each work assignment or work site to determine if hazards are present or likely to be present and require the use of PPE. The hazard assessment is a process of identifying the hazards associated with a defined task and prescribing PPE along with other relevant protection measures which must be employed to reduce the risk from the hazards. This hazard assessment should be reviewed at least annually by the supervisor and updated any time a new hazard is introduced to the workplace.

(2) Certification of Hazard Assessment: Supervisors are responsible for ensuring that hazard assessments are documented through the use of hazard assessment certification(s) that are written, signed, dated, and readily available or posted in each location. This certification of hazard assessment should be reviewed at least annually

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and updated anytime a new task which presents a hazard is introduced into the workplace. A Supervisory Hazard Assessment form is provided at Appendix A of this policy:

(3) PPE Inventory: Supervisors and employees are accountable for all government property issued to them. Employees are responsible for the safe keeping and maintenance of this property.

(4) Responsibilities for Equipment Selection, Use and Maintenance of PPE: The mishap risk management component of CRM will be used and documented to identify the type of PPE required based on the materials and processes being used. Supervisory and employee responsibilities for equipment selection, use and maintenance of protective equipment are outlined in Appendix B of this policy.

6. Procedure:

a. Each employee authorized to purchase safety footwear and prescription safety eyewear will receive annually an "Authorization to Purchase Safety Footwear" and/or "Authorization to Purchase Prescription Safety Eyewear" form from his/her supervisor when he/she is eligible for reimbursement. An employee's eligibility date is calculated as one year from the last safety footwear and prescription safety eyewear purchase or reimbursement, whichever is later. A supervisor may approve purchase or reimbursement of safety footwear more frequently than the annual authorization if the items become unserviceable through "fair wear and tear" or accidents. Defective or damaged PPE shall not be used.

b. It is the responsibility of the employee to obtain safety footwear and prescription safety eyewear that have been manufactured IAW the criteria developed by the American National Standards Institute (ANSI) for prescription safety eyewear and by the American Society of Testing Material (ASTM) for safety footwear. Safety footwear and prescription safety eyewear may be purchased from a vendor of the employee's choice.

c. Employees are responsible for the cost of safety footwear and prescription safety eyewear at the time of purchase. Only safety footwear and prescription safety eyewear meeting the criteria developed by ANSI or ASTM as described above will be reimbursed.

d. The employee must submit to their immediate supervisor the vendor's paid receipt showing the total cost and date of purchase, certification that equipment complies with ANSI or ASTM specifications, the employee's name, and the signed "Authorization to Purchase Safety Footwear" and/or "Authorization to Purchase

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Prescription Safety Eyewear." These forms are provided at Appendix C and D of this policy.

e. Fort A. P. Hill will reimburse each employee required to wear safety footwear up to \$125.00 for one pair of safety footwear per year and \$160.00 for one pair of prescription safety eyewear per year. Processing takes approximately 30 days.

f. Replacement of lost or stolen safety footwear and prescription safety eyewear will be the responsibility of the employee. Reimbursement for replacement safety footwear and prescription safety eyewear will only be provided when the supervisor determines that it has met its expected service life based on normal wear and tear of the equipment, is damaged or lost at no fault of the employee, or no longer meets its intended use.

g. Employees desiring more expensive or custom made safety footwear must pay all costs over \$125.00 per year for safety footwear. Employees desiring more expensive or custom made prescription safety eyewear must pay all costs over \$160.00 per year for prescription safety eyewear.

h. Employees of government contractors will not be provided or reimbursed for safety footwear or prescription safety eyewear.

i. A yearly audit will be completed to verify that this procedure is in place.

7. Safety footwear and prescription safety eyewear that is paid for by the employee but reimbursed by the Federal Government is property of the Federal Government and will not be removed from the garrison.

8. Point of contact for this SOP is the Director of Resource Management, Lisa Skinner at 804-633-8102.



PETER E. DARGLE
LTC, AR
Commanding

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APPENDIX A

SUPERVISORY HAZARD ASSESSMENT		
Directorate:	Employee:	Task or work assignment:
Hazards: (describe potential injury if PPE is not used)		
Eye and face:		Electrical:
Head and ears:		Fire:
Hand:		Chemical:
Foot:		Fall from heights:
Respiratory:		Other:
PPE requirements: (describe type to be used)		
Eye and face:		Electrical:
Head:		Fire:
Hand:		Chemical:
Foot:		Fall from heights:
Respiratory:		Struck by vehicles:
Hearing:		Drowning:
Torso:		Shooting:
I certify that this hazard assessment was conducted in accordance with all applicable safety and health regulations and standards.		
Supervisor's Name and Signature: _____ Date: _____		
I certify that I have reviewed this hazard assessment and that I understand how to use, maintain, and store the PPE that is being issued to me.		
Employee's Name and Signature: _____ Date: _____		
Additional Requirements:		

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APPENDIX B

EQUIPMENT SELECTION, USE AND MAINTENANCE OF PPE

- 1. Supervisor responsibilities:** After performing a hazard assessment the supervisor shall: select the types of PPE for the affected employee; take appropriate steps to replace any defective or damaged PPE; communicate hazard identification and risk control decisions; ensure each employee knows how to use their PPE correctly; and assures the adequacy of the PPE (proper fit protection, maintenance, and sanitation) at issuance and on a periodic basis.
- 2. PPE Inventory:** Supervisors and employees are accountable for all issued government property per hand receipt and are responsible for the safe-keeping and maintenance of all PPE.
- 3. Employee responsibilities:** The employee will never perform a task without the required PPE, an employee will always wear and use PPE correctly, and an employee will never use PPE that is defective or damaged. Employees can be subject to disciplinary action IAW Army personnel regulations for failure to abide by PPE policies.
- 4. Training requirements and certification:** The supervisor shall provide adequate training to each employee who is required to use the PPE. This training will be documented and filed both within their directorate and the Civilian Training and Leadership development files showing employee training results. Each employee shall be trained to know when PPE is necessary, how to properly don, doff, adjust, and wear the PPE, the limitations of PPE, the proper care, maintenance, useful life, and disposal of the PPE. Each affected employee shall demonstrate an understanding of the training provided, and the ability to use PPE properly.
- 5. Retraining:::** The supervisor shall conduct retraining when he or she has reason to believe that an affected employee who has already been trained does not have the understanding and skill required to use the PPE correctly. The supervisor shall also retrain employees when changes occur, either in the workplace or the types of PPE to be used, that render previous training obsolete.
- 6. Training record keeping:** Supervisors are responsible for managing their employee's PPE training program and ensuring records are maintained. Supervisors must verify that each new employee or retrained employee has received and understands the required training through a written test and skills demonstration. Supervisors must keep written records that contain the name of each employee trained or retrained, the date(s) of training, the subject of the training or retraining and testing materials.

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APPENDIX C

AUTHORIZATION TO PURCHASE SAFETY FOOTWEAR

The government employee named below has been assigned to work areas or work assignments where there is danger of foot injuries due to falling or rolling objects, objects piercing the sole, or exposure to electrical hazards and is authorized to purchase one pair of protective footwear, designed and manufactured in accordance with the current American Society of Testing Material's specifications (F2413-05). Fort A. P. Hill will reimburse the employee for the purchase of protective footwear up to the authorized annual limit of \$125.00.

Employee Name: _____ Directorate: _____

____ This employee has not been issued or been reimbursed for purchase of protective footwear in the past 12 months.

Or

____ This employee has been issued or been reimbursed for the purchase of protective footwear in the past 12 months, but is authorized additional reimbursement because the items have become unserviceable due to "fair wear and tear" as the result of work related activities or damage as the result of a work related accident.

Supervisor's Signature: _____ Date: _____

Print Name of Supervisor: _____

The employee understands that, per 29 CFR § 1910.132, personal protective equipment purchased by the government, either through direct payment or reimbursement, is the property of the Federal Government and cannot be worn or used outside of their assigned work area or work assignment.

Employee's Signature: _____ Date: _____

Print Name of Employee: _____

Instructions:

1-Employee purchases protective footwear after this form has been signed by both employee and supervisor. Employee submits the signed form with the purchase receipt to the supervisor for reimbursement.

2-The supervisor makes a copy of the signed form and purchase receipt for the directorate records. The supervisor then forwards the signed form and purchase receipt to RMO for reimbursement to employee.

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Appendix D

AUTHORIZATION TO PURCHASE PRESCRIPTION SAFETY EYEWEAR

The government employee named below has been assigned to work areas or assignments where employee is exposed to eye hazards more than 10 hours per week or 3 hours per day (reference AR 40-5, Preventative Medicine) and is authorized to purchase one pair of prescription safety eyewear that have been designed and manufactured in accordance with the current American National Standards Institute's specifications (ANSI Z-87.1). Fort A. P. Hill will reimburse the employee for the purchase of protective prescription eyewear up to a limit of \$160.00 per purchase.

Employee Name: _____ Directorate: _____

____ This employee has not been issued, or reimbursed for their purchase of prescription safety eyewear in the past 12 months.

Or

____ This employee has been issued, or reimbursed for their purchase of prescription safety eyewear in the past 12 months, but is authorized additional reimbursement because the items have become unserviceable due to "fair wear and tear" as the result of work related activities or damage as the result of a work related accident:

Supervisor's Signature: _____ Date: _____

Print Name of Supervisor: _____

The employee understands that, per 29 CFR § 1910.132, personal protective equipment purchased by the government, either through direct payment or reimbursement of the employee, is property of the Federal Government and cannot be worn or used outside of their assigned work area or work assignment.

Employee's Signature: _____ Date: _____

Print Name of Employee: _____

Instructions:

1-Employee purchases protective footwear after this form has been signed by both employee and supervisor. Employee submits the signed form with the purchase receipt to the supervisor for reimbursement.

2-The supervisor makes a copy of the signed form and purchase receipt for the directorate records. The supervisor then forwards the signed form and purchase receipt to RMO for reimbursement to employee.