



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

IMPH-RM

7 August 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Memorandum, Provision/Reimbursement of Protective Footwear and Prescription Safety Eyewear (Change 1)

1. Purpose: To provide the procedures 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 appropriated fund employees assigned to United States Army Garrison, 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, Fort A.P. Hill, VA. The proponent for Appendices A and B is the Safety Office, Fort A.P. Hill, VA.
4. References:
  - a. 29 United States Code § 668, Programs of Federal Agencies, establishes responsibility for the heads of federal agencies to acquire, maintain, and require the use of safety equipment, personal protective equipment, and devices reasonably necessary to protect employees.
  - b. Electronic Code of Federal Regulations, 29 Code of Federal Regulations (CFR) 1910.132, subpart I, Personal Protective Equipment.
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 government employees, the following general guidance related to personal protective equipment is also provided:
  - a. Personal protective equipment (PPE), such as protective clothing, respiratory devices (respirators), shields, and barriers and as determined by the supervisor workplace assessment, 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.

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b. Supervisory procedures for determining PPE requirements shall be done in accordance with (IAW) steps outlined in Appendices A and B.

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. New employees, who have not worked for the government in the past year, are eligible for reimbursement upon entry to duty. A supervisor may approve purchase or reimbursement more frequently than the annual authorization if the items become unserviceable through "fair wear and tear" or accidents.

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 payment of cost for 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 will submit to the supervisor the vendor's paid receipt showing the total cost and date of purchase and the employee's name, along with the signed "Authorization to Purchase Safety Footwear" and/or "Authorization to Purchase Prescription Safety Eyewear." These forms are provided at Appendices C and D of this policy.

e. The supervisor will initiate and sign a SF1034, Public Voucher for Purchases and Services Other Than Personal. The supervisor will certify that the equipment complies with American National Standards Institute (ANSI) or American Society of Testing Material (ASTM) specifications. Examples of the SF1034 and required certification are provided at Appendices E-1 and E-2.

f. 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.

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g. 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 by the Federal Government when the supervisors determines it has met its expected service life based on normal wear and tear or is damaged or lost at no fault of the employee or no longer meets its intended use.

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

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

j. Supervisors must keep records to ensure that employees are eligible for reimbursement in accordance with this paragraph. Records are subject to audit.

7. Per reference 4b, Personal Protective Equipment (PPE) that is paid for by the employee but reimbursed by the Federal Government is property of the Federal Government and cannot be removed from the garrison.

8. Point of contact for questions related to reimbursement is the Director of Resource Management, extension 8102. Point of contact for questions related to Personal Protective Equipment (PPE) is the Safety Office, extension 8268.



DAVID A. MEYER  
LTC, AR  
Commanding

DISTRIBUTION:

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**Appendix A**

**HAZARD ASSESSMENT, RESPONSIBILITIES, PPE SELECTION & TRAINING**

- 1. Hazard Assessment:** Supervisors are responsible for assessing each work assignment or operations to determine if hazards are present or likely to be present and require the use of PPE. The hazard assessment is a process (required by law) 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 risks. This hazard assessment, Appendix B, should be documented through the hazard assessment certification(s) that is written, signed, dated, and readily available or posted in each location. It must be reviewed at least annually by the supervisor and updated any time a new hazard is introduced to the workplace.
- 2. Supervisor responsibilities:** After performing a hazard assessment the supervisor shall: select PPE types for the affected employee; take appropriate steps to replace any defective or damaged PPE; communicate hazard identification and risk control decisions; ensure each employee is trained to use their PPE; ensure accountability for all issued property per hand receipt; and assure the adequacy of the PPE (proper fit protection, maintenance, and sanitation) at issuance and on a periodic basis.
- 3. Employee responsibilities:** The employee will never perform a task without the required PPE, always wear and utilize it correctly; maintain sanitation; and never use equipment 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 record keeping:** Each employee shall be trained to know when PPE is necessary, how to properly don, doff, adjust, and wear the equipment, its limitations, the proper care, maintenance, useful life, and eventual environmental disposal of the PPE. Supervisors must verify that each new employee or retrained employee has received and understood the training through written records stored within their directorate and the Civilian Training and Leadership development files. The files will contain the name of each employee trained or retrained, the date(s) of training, the subject of the training or retraining, and verification of the skills through a show-and-tell competence demonstration.
- 5. Retraining:** Supervisors shall conduct retraining when they have reason to believe that an affected employee does not have the understanding and/or skills required to use the PPE correctly. The supervisor shall provide additional training when circumstances occur that renders previous training obsolete or inadequate and shall ensure employees know at least the changes in the work processes, whether risk levels have increased or decreased, and the implementation of risk controls to include new types of PPE to be used.

Appendix B

<b>SUPERVISORY HAZARD ASSESSMENT</b>		
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:
<p>I certify that this hazard assessment was conducted in accordance with all applicable safety and health regulations and standards.</p> <p>Supervisor's Name and Signature: _____ Date: _____</p>		
<p>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.</p> <p>Employee's Name and Signature: _____ Date: _____</p>		
Additional Requirements:		

### 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, or 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 purchase of protective footwear in the past 12 months but is authorized additional issue/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: \_\_\_\_\_

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The employee understands that, per federal regulations, 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: \_\_\_\_\_

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Instructions:

- 1-The Supervisor provides this form, completed and signed by supervisor and employee to the employee.
- 2-Employee purchases protective footwear and submits the signed form with the purchase receipt to the Supervisor for reimbursement.
- 3-The Supervisor makes a copy of the signed form and purchase receipt for directorate records. Supervisor forwards signed form, SF1034 and purchase receipt (through Budget Officer for DPW employees) to RMO for reimbursement to employee.

**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 40-506, 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 issue or 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 federal regulations, 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: \_\_\_\_\_

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Instructions:

- 1-The Supervisor provides this form, completed and signed by supervisor and employee to the employee.
  - 2-Employee purchases prescription safety eyewear and submits the signed form with the purchase receipt to the Supervisor for reimbursement.
  - 3-The Supervisor makes a copy of the signed form and purchase receipt for directorate records.
- Supervisor forwards signed form, SF1034 and purchase receipt (through Budget Officer for DPW employees) to RMO for reimbursement to employee.

Appendix E-1

Standard Form 1034 Revised October 1987 Department of the Treasury 1 FPM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.			
U S DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION US Army  Insert Directorate and Division/Branch  Insert Address Fort A P Hill, VA 22427			DATE VOUCHER PREPARED Insert Date of Request		SCHEDULE NO.				
			CONTRACT NUMBER AND DATE		PAID BY				
			REQUISITION NUMBER AND DATE						
PAYEE'S NAME AND ADDRESS  Insert Name of Employee Insert Employee Home Address			DATE INVOICE RECEIVED		DISCOUNT TERMS				
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER				
			SHIPPED FROM		TO		WEIGHT		
			NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>		QUAN-TITY
Date of Receipt				I. (insert employee name), request to be reimbursed for purchase of safety footwear. I have obtained safety footwear that has been manufactured IAW criteria provided by FAPH Policy Memorandum dated 7 Aug 15. Employee Signature/Date  I, (insert supervisor name), certify that this equipment complies with ASTM F2413-05 specifications and FAPH Policy Memorandum dated 7 Aug 15 Supervisor Signature/Date					
(Use continuation sheet(s) if necessary)			(Payee must NOT use the space below)			TOTAL			
PAYMENT		APPROVED FOR		EXCHANGE RATE		DIFFERENCES			
PROVISIONAL		=\$		=\$1.00					
COMPLETE		BY 2							
PARTIAL									
FINAL									
PROGRESS		TITLE				Amount verified, correct for			
ADVANCE						(Signature or initials)			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.									
			LISA E. SKINNER			Resource Management Officer			
			(Date)			(Authorized Certifying Officer) 2			
						(Title)			
ACCOUNTING CLASSIFICATION									
PAID BY	CHECK NUMBER		ON ACCOUNT OF U S TREASURY			CHECK NUMBER		ON (Name of bank)	
	CASH \$		DATE			PAYEE 3			
1 When stated in foreign currency, insert name of currency						PER			
2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided over his official title						TITLE			
3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be									

Previous edition usable.

NSN 7540-00-900-2234

APD PE v4 05

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Appendix E-2

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION US Army  Insert Directorate and Division/Branch Insert Address Fort A.P. Hill, VA 22427			DATE VOUCHER PREPARED Insert Date of Request		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS  Insert Name of Employee Insert Employee Home Address			DATE INVOICE RECEIVED		DISCOUNT TERMS		
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER		
			SHIPPED FROM TO WEIGHT		GOVERNMENT B/L NUMBER		
			NUMBER AND DATE OF ORDER		DATE OF DELIVERY OR SERVICE		ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>
DATE OF RECEIPT		QUANTITY		UNIT PRICE COST PER		AMOUNT (1)	
Date of Receipt		I, (insert employee name), request to be reimbursed for purchase of safety eyewear that has been manufactured IAW criteria provided by FAPH Policy Memorandum dated 7 Aug 15. Employee Signature/Date: I, (insert supervisor name), certify that this equipment complies with ANSI Z-87.1 specifications and FAPH Policy Memorandum dated 7 Aug 15 Supervisor Signature/Date.		TOTAL		(Use continuation sheet(s) if necessary)	
PAYMENT:		APPROVED FOR = \$		EXCHANGE RATE = \$1.00		DIFFERENCES	
PROVISIONAL		BY 2		Amount verified; correct for		(Signature or initials)	
COMPLETE		TITLE		(Signature or initials)		Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.	
PARTIAL		LISA E. SKINNER		Resource Management Officer		ACCOUNTING CLASSIFICATION	
FINAL		(Date)		(Authorized Certifying Officer) 2		(Title)	
PROGRESS		CHECK NUMBER ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER ON (Name of bank)		PAID BY	
ADVANCE		CASH \$ DATE		PAYEE 3		PER	
1 When stated in foreign currency, insert name of currency		2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title		3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be		TITLE	

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