



Company Name:

Building:

Uvex Rep Contact Information:  
  
Date:

Plant Name / Location:

Job Task:

Department:

Employee Name:

TYPE OF HAZARD	SOURCE OF HAZARD	EYEWEAR NEEDED (Y/N)	FACE SHIELD NEEDED (Y/N)	CURRENT EYEWEAR	EYEWEAR PERFORMANCE ISSUES	LENS TINT RECOMMENDED
Impact	Flying/Falling Objects					
Blowing/Falling Debris	Grinding, Sawing, Buffing, Blowing Sand/Dust, Sanding, Chipping, Chiseling, Painting					
Heat	Oven, Furnace, Smelting Pot, Welding, Torch					
Chemical Splash	Liquid chemicals, powdered chemicals					
Optical Radiation	Welding, Brazing, Cutting, Melting, Cooking, Laser					
Biohazard	Blood, Fecal Matter, Bodily Fluids, Virus, Pathogens					
Other						

Additional Comments: