SAFETY SHOE ISSUANCE FORM

The employee named below is authorized to purchase one pair of protective footwear, rated by ASTM F 2413-05 (or ANSI Z41-1999) to protect against workplace hazards. The Laboratory will subsidize this protective footwear issuance up to the authorized annual limit of $150.00.

□ The employee named below is authorized to purchase one pair of fatigue reducing shoe insoles. The Laboratory will subsidize this shoe insole issuance up to the authorized annual limit of $35.00.
Note: Box must be checked to indicate supervisor approval of the purchase of fatigue reducing shoe insoles.

Employee Name:_____ Project ID Number:_____
Employee ID Number:_____ Payroll Deduction:_____

Safety Footwear Designations – All protective footwear provides toe protection (PT) from impact and compression. Additional protections may be specified by checking the appropriate boxes below:

	ASTM F2413 (or ANSI Z41) DESIGNATION		**EXPLANATION OF DESIGNATION**
	I/C	IMPACT/COMPRESSION	Protective toe, typically steel toe or composite toe. Ratings are given for impact resistance (I- 75 or 50 foot-pounds) and for compression resistance (C- 75 or 50).
	EH	ELECTRICAL HAZARD	Sole is designed to reduce the potential for electric shock.
	SD	STATIC DISSIPATIVE	Static dissipative (ESD) footwear reduces the accumulation of excess static electricity. For use in electronically sensitive areas.

ADDITIONAL ASTM (or ANSI) FOOTWEAR PROTECTIONS FOR SPECIAL HAZARDS:

	PR	PUNCTURE RESISTANT	Puncture resistant plate protects the soles from puncture.
	Mt	METATARSAL	Top of foot and toe areas are protected from drop hazards.
	Cd	CONDUCTIVE	To minimize static electricity and reduce possibility of ignition, when used with grounded floors. **Not used at LBL.**

This employee has not been issued a pair of protective footwear or fatigue reducing shoe insoles in the past 12 months, unless noted. Justification and special requirements:
_____
_____
_____
_____

Approver's Signature:_____Date:_____
(Approver must have signature authority and authority to charge to above-specified Project ID)

Print Name of Approver:_____

Sales Receipt Number:_____ Total Price:_____

The Approver may make a copy of the signed form for departmental records. The employee carries the completed form to the Shoemoile, or vendor, for issuance of protective footwear or fatigue reducing shoe insoles. Upon completion of shoe issuance, the form is retained by the Shoemobile vendor for submittal to Accounts Payable, with the Shoemobile Invoice.

Shoe Issuance (Rev 12/2/10)