

EYE PROTECTION

1. GENERAL

1.01 This section covers the description, care, and use of industrial safety glasses and goggles as eye protection in the performance of any work where there exists a possibility of injury to the eyes.

1.02 This section is reissued to clarify fitting instructions, revise the billing procedures, and simplify the ordering of eye protection. Due to the scope of this revision, arrows normally indicating change have been omitted.

1.03 The protection requirements prescribed herein are in compliance with the American National Standards Institute's Z87.1-1968 standard. This is the minimum protection by the Occupational Safety and Health Act, therefore, the eye protection outlined in this section is the only eye protection approved by this Company.

1.04 The substantial investment in eye protection equipment does not by itself assure protection against injury. The proper care and use of personal eye protection is the responsibility of the using employee and his or her supervisor. Eye protection is an item of personal equipment and should accompany the employee to each job assignment location.

2. TYPES AND USE OF EYE PROTECTION

2.01 Eye protection should be worn by all personnel whenever they are: (1) performing, (2) observing, or (3) supervising a work operation where a possibility of injury to the eye exists.

2.02 There are two types of eye protection which are as follows:

"Regular" eye protection consists of frontal eye protection. "Regular" eye protection will be worn by all tool-using employees at all times except while performing work operations of a clerical nature, attending meetings, where tools are not being used, driving a motor vehicle, or performing work operations requiring "Special" eye protection.

"Special" protection consists of side as well as frontal protection against flying or moving objects including irritating liquids. One of two types of goggles are to be used to protect the eyes against this type of hazard protection against impact caused by flying objects, and "Splashproof" goggles which provide protection from flying dust, liquids and splashes as well as providing impact protection. The type of goggles required depends on the work operation being performed. Exhibit 2 illustrates these two types of goggles.

Impact goggles are required when performing or observing at close range the following types of work operations:

- (a) Drilling or chipping stone, brick, or masonry; breaking concrete or pavement, etc., when using hand or power tools such as pneumatic or electric drill, hammer, Star drill, Sure-Set tool, etc.

- (b) Working on or around high speed emery or other grinding wheels.
- (c) Cutting or chipping terra cotta ducts, tile, etc
- (d) Working under motor vehicles.
- (e) Using power activated stud drivers.
- (f) Wiping lead sleeves, either using a soldering pot in a manhole or an acetylene torch in aerial work.

Splashproof goggles are to be worn when handling liquids where a possibility of a splash or spray entering the eyes exists or when performing or observing work operations that may create flying dust. Following are some instances in which "Splashproof" goggles are to be worn:

- (a) Cleaning operations using compressed air, steam or sand blast.
- (b) Acetylene welding or similar operations where sparks are thrown off. This includes prestolite torches.
- (c) Handling fiber conduit when eye-irritating dust from coal tar pitch is difficult to control.
- (d) Handling battery cells or counter-cells.
- (e) Handling battery and counter-cell solutions and dry chemicals.
- (f) Taking battery readings, i.e., hydrometer and thermometer.
- (g) Handling of air filters, flourescent tubes, and cathode ray tubes.
- (h) Handling of epoxy resins, activators, curing agents and solvents, and while cleaning tools that have come in

contact with these materials.

- (i) Handling water treatment chemicals.
- (j) When work is performed above eye levels and dirt or debris is likely to be disturbed (tree trimming, removing acoustical ceiling tile, placing or removing wires or cables, etc).

Note: Goggles and safety glasses should be stored in appropriate cases when not in use.

3. PLANO SAFETY GLASSES (TYPES "A" & "B")

3.01 Plano safety glasses provide "Regular" protection. They are furnished in a smoke colored frame and are available with plastic or glass lenses in two shade choices; clear or gray.

Type "A" Plano (Exhibit 1)

3.02 The standard or type "A" Plano safety glasses have a saddle type bridge and are available in four sizes as follows:

- (a) 44mm which has a 5 1/2" temple length.
- (b) 46mm which has a 5 3/4" temple length.
- (c) 48mm which has a 6" temple length.
- (d) 50mm which has a 6 1/4" temple length.

3.03 Type "A" Plano safety glasses are designed so that one of the four sizes available will fit approximately 95% of all employees when measured and fitted properly. The employee's immediate supervisor is responsible for the proper fitting of Plano Safety Glasses. Exhibit 3 provides detailed instructions outlining fitting techniques and should enable the supervisor to fit type "A" plano safety glasses with minimum difficulty. However, if the immediate

supervisor does encounter difficulty in fitting type "A" Plano safety glasses, the appropriate safety organization should be consulted.

3.04 Each State's Safety Supervisor will be thoroughly trained by a representative of the Optical Company providing the Plano safety glasses. This representative will be available to assist in local training efforts.

3.05 The organizations Safety Supervisor will coordinate with the States Safety Supervisor in resolving eye protection problems which may occur in the State.

3.06 Standard or Type "A" Plano safety glasses are stocked at Western Electric and should be ordered with a minor tool authority card under the Order Invoice Plan.

Type "B" Plano

3.07 Occasionally, because of an unusual temple length, eye size, or bridge size, an employee cannot be fitted with the Type "A" Plano safety glasses. This employee must be referred to an optometrist or optician for exact measurements to be furnished the optical company for manufacture of the "Special Fit" or Type "B" Plano safety glasses.

3.08 When the supervisor determines that an employee has a need for special fitting, the employee should be furnished the form shown in Exhibit 4 and referred to an optometrist or optician. The eye specialist will measure the temple length, eye size, and bridge size and enter those measurements in the appropriate space on the form. The form should then be completed by indicating the ordering options, name, location, etc., and forwarded to the proper state organization Safety Supervisor.

NOTE: A copy of this form should be retained in the employee's personal history file for future reference in ordering additional or replacement glasses.

3.09 Handling of the fitting cost is covered in Part 5 - Billing Procedures.

4. PRESCRIPTION SAFETY GLASSES

4.01 Employees requiring prescription safety glasses should be furnished the prescription form (Rx form) shown in Appendix 1. The employee should select the frame and lens option desired from the illustrations on the reverse side of the form and make the appropriate entries on the Rx form. The form is then to be carried by the employee to the vision specialist of his or her choice who will supply facial measurements, frame and other fitting details when preparing the prescription requirements.

4.02 The completed Rx form should then be forwarded to the appropriate state safety organization, for forwarding to the Optical Company.

4.03 The associated expense is covered in Part 5 - Billing Procedures.

5. BILLING PROCEDURES

5.01 The expense of the prescription eye examination is the employee's responsibility. All other billing expense associated with the eye protection program, whether paid by the employee or the Company, is to be handled through the appropriate state safety organization as described in this part.

5.02 The optometrist's or optician's bill for measuring the employee for Type "B" or "Special-Fit" Plano safety glasses is to be sent directly to the appropriate state safety organization. The employee's supervisor is to insure that specific information for billing is entered on the Type "B" Plano ordering form. The expense for fitting Type "B" Plano glasses will be paid by the Company.

5.03 The expense for the prescription safety glasses is to be divided between the employee and the Company. See Appendix 1 for a complete price list.

5.04 The employee and the employee's supervisor will determine from the price list in Appendix 1, what cost is to be incurred by the employee. The employee should then forward that amount, by check or money order payable to "Southwestern Bell Telephone Company", along with the completed RX form and FA form SW-4472, to the appropriate state safety organization.

5.05 State safety organization will review all Rx forms, "B" Plano ordering forms and employee payments for accuracy. They will then forward the ordering forms to U.S. Safety Service Company. U.S. Safety Service Company will fill the order and send the glasses to the state safety organization who will forward them to the employee's supervisor.

5.06 The employee payments received by the state safety organization will be forwarded to the Treasurer attached to Form SW-6871, Exhibit 5 and FA Form SW-4472, Exhibit 8A and B. The entries on Form SW-6871 and FA Form SW-4472 are used by Accounting to credit the appropriate Account Code. Form SW-6871 may be reproduced locally as needed.

5.07 U.S. Safety Service Company will bill each state safety organization monthly for the total amount purchased. The bill will be itemized so that each entry can be verified.

6. EYE PROTECTION ACTIVITY LOG (EXHIBIT 6)

6.01 The state safety organization will maintain an Eye Protection Activity Log (see Exhibit 6) in order to provide an audit trail for the handling of payments made by employees and received by the Company.

6.02 The following is a description of the entries on the log. Refer to the corresponding circled numbers in Exhibit 7.

Employee's Name and Work Location:

Enter the employee's name and location to which the safety glasses are to be delivered.

Date Rx Rec'd: Enter the date the employee's payment for his portion of the prescription safety glasses is received.

AMT of PMT: Enter the amount of the payment made by the employee.

Date Rx FWD to U.S. Safety Co.: Enter the date the prescription order form was forwarded to the U.S. Safety Service Company.

Rx Glasses Rec'd: Enter the date the safety glasses are received by the state ordering location.

Date FWD to EMP: Enter the date the safety glasses are forwarded to the employee.

Date PMT FWD to Treasury: Enter the date Form SW-6871 and FA Form SW-4472 was prepared and the employee's payment was forwarded to Treasury.

U.S. Safety Invoice Verified: Enter the date this line entry is verified against the U.S. Safety Service Company Invoice.

7. CARE OF SAFETY GLASSES & GOGGLES

7.01 Safety glasses and goggles should not be left lying around or stored among tools where they can be damaged. When not in use, store them in the appropriate case.

7.02 They should be kept clean and bright to obtain best results. Smudgy lenses can be cleaned by rinsing with water and wiping with a clean cloth or any other suitable material. Dirty lenses can be cleaned by washing with soap and water. Pitted or scratched glasses should be replaced immediately.

7.03 Pitting and scratches on a plastic goggle lens can greatly decrease the effectiveness of the goggles as eye protection. Such damaged goggles should be replaced immediately.

8. ORDERING INFORMATION

8.01 The following is a review of the ordering information for safety glasses, goggles, replacement parts, and associated forms:

Type "A: Plano - Order via Order Invoice Plan from Western Electric.

Type "B" Plano - Complete form in Exhibit 4 and forward to the appropriate state safety organization.

Prescription Safety

glasses - Complete Rx form in Appendix 1 and forward to the appropriate state safety organization.

Adjustable spatula

(telescopic) - Hard copy requisition

Replacement spatula

temples - Order via Order Invoice Plan from Western Electric

Goggles (Splashproof

or Impact) - Order via Order Invoice Plan from Western Electric

#5968 Carrying

Case - Order via Order Invoice Plan from Western Electric

Type "B" Plano

Ordering Form - Reproduce locally

Form SW-6871

- Reproduce locally

FA Form SW-4472

Eye Protection

- Order via "Order Invoice Plan from Western Electric

Activity Log

- Reproduce Locally

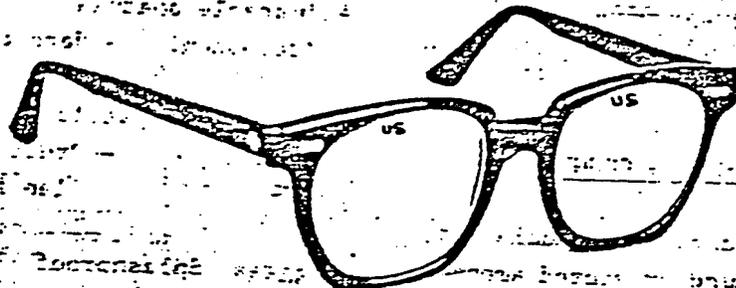
RX Ordering

Form

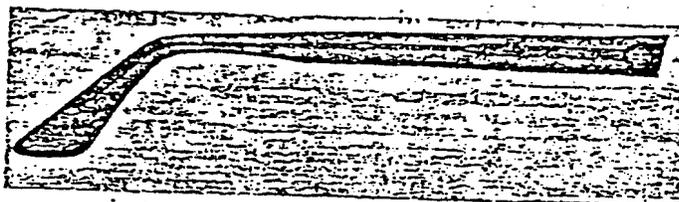
- Obtain from Optical Company through the appropriate state safety organization.

NOTE: When ordering, Type "A" Plano safety glasses, the minimum ordering unit is six. Do no order less than six pair at a time.

TYPE "A" PLANO SAFETY GLASSES



REPLACEMENT SPATULA TEMPLE



#5968 VINYL CARRYING CASE

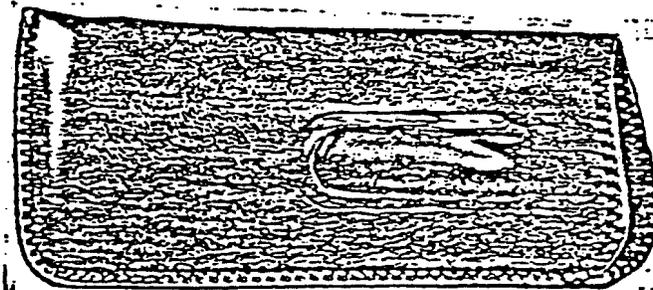
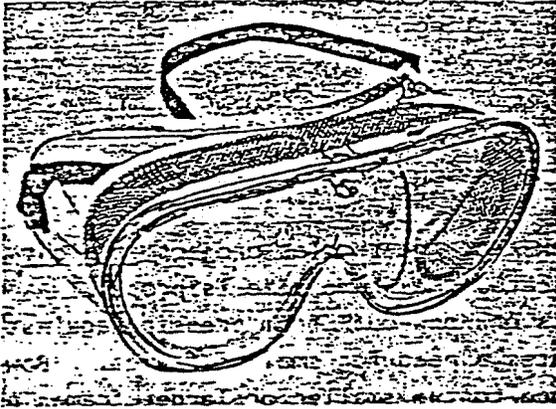


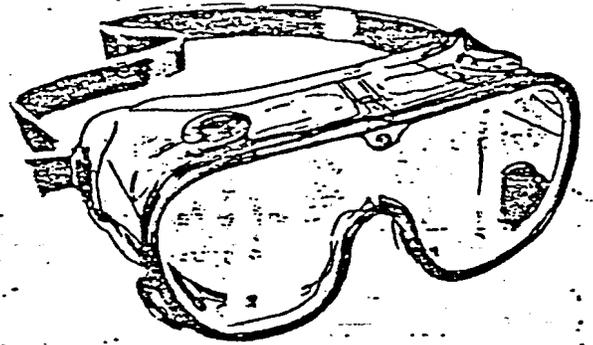
EXHIBIT 2

GOGGLES

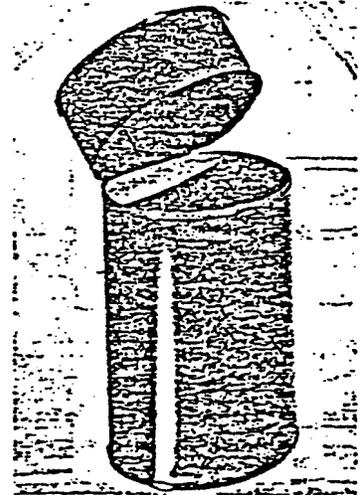
IMPACT



SPLASHPROOF



#2290 GOGGLE CARRYING CASE



FITTING PROCEDURES
TYPE "A" PLANO SAFETY GLASSES

To properly fit Type "A" Plano safety glasses the supervisor must begin with 44mm, 46mm, 48mm, and 50mm safety glasses and a few sets of 5 1/2", 5 3/4", 6", and 6 1/4" temples. The sizes are printed on the inside of the frames and temples. The temples are plyable so they may be bent to conform to shape and to facilitate adjustment for bending over the ear. Temples are also interchangeable for those few cases when the standard temples cannot be adjusted to fit.

Following is a step-by-step procedure for fitting:

1. Have the employee seated facing you.
2. Place a pair of 46mm with the standard 5 3/4" temple on the employee.
3. Frame Sizing - While facing the employee, check that the temples project straight back from the frames over the ears. This indicates the frame size is proper. The temples should not "toe-in" toward the ears or "bow-out" from pressing against the head (see Figures 1 & 2). "Toe-in" indicates a need for smaller frames. "Bow-out" indicates a need for larger frames. Change to the smaller or larger frames as needed until the proper frame size is selected.

"Toe-in"

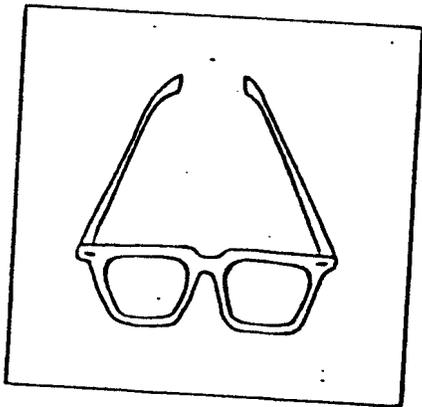


Figure 1

"Bow-out"

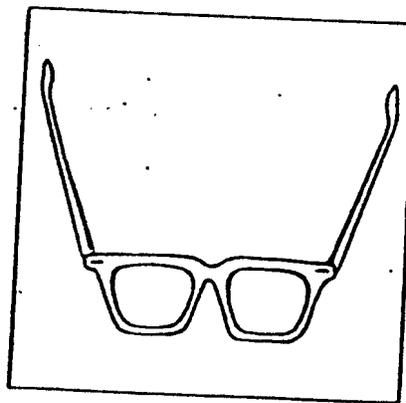


Figure 2

4. Temple Sizing - Now that the frame size is proper, inspect each temple for proper length. The temple should bend or break downward immediately behind the highest point at which the ear is joined to the head. The temples are adjustable so, if the natural bend in the temples occurs in front of, or behind this point, bend the temple straight and then bend downward at the proper point. Each temple must be adjusted. After the adjustment is made, there should be approximately 1 1/2" to 1 3/4" between the bend and the rear tip of the temple.

EXHIBIT 3 (Cont'd)

5. Additional contact can be made by slightly bending the tip of the temple in from the bend toward the head.
6. The glasses should now feel comfortable, and at the same time secure, to the employee.

EXHIBIT 4

TYPE "B" (SPECIAL-FIT)
PLANO SAFETY GLASSES
Measuring and Ordering

SEND TO: U.S. Safety Service Co.
1535 Walnut
P.O. Box 1237
Kansas City, Missouri 64141

BILL TO

SW. Bell Tel. Co.
Staff Specialist-Safety
Room 977
100 N. 12th Street
St. Louis, Missouri
63101

EMPLOYEE INFORMATION

EMPLOYEE'S NAME: _____
EMPLOYEE'S WORK LOCATION: _____
AREA CODE: _____

EMPLOYEE ORDERING INFORMATION (Check One)

LENS: Plastic Glass
SHADE: Clear Gray

FOR OPTOMETRIST'S USE

Please refer to "Bill To:" for billing information

EYE SIZE _____
BRIDGE SIZE _____
TEMPLE LENGTH _____

FOR SUPERVISOR'S USE

Supervisor's signature _____
Supervisor's phone number _____
Date _____

EXHIBIT 5

SW-6871
(1-75)

_____19_____

TREASURY MANAGER:
- TREASURY CASHIER: . . .

Attached are checks received from employees to cover cost
of prescription portion of safety glasses furnished by Southwestern Bell
Telephone Company:

<u>Name</u>	<u>Area Code</u>	<u>Account To Be Credited</u>	<u>Amount</u>
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(Title)

(List Each Check Separately)

EXHIBIT 7

EYE PROTECTION
ACTIVITY LOG

EMPLOYER'S NAME & WORK LOCATION	DATE Rx REC'D	DATE EMP. PMT. REC'D	AMT. OF PMT.	DATE Rx FWD TO U.S. SAFETY CO.	Rx GLASSES REC'D	DATE FWD TO EMP.	DATE FWD TO TREASURY	U.S. SAFETY INVOICE VERIFIED
1						7		
2	2	3	4	5	6		8	9
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