

**Teck Metals Ltd. Prescription Safety Eyewear Approval Form**

**Section 1 - Employee Information**

Teck Employee name: \_\_\_\_\_ Employee # \_\_\_\_\_

Approved Vendors: *Check box by vendor selected*

|                          |   |                          |   |                          |   |
|--------------------------|---|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <b>Pro Vision Optical</b><br>117-8100 Rock Island Highway<br>Trail, BC, V1R4N7<br>(Waneta Mall)<br>(250) 364-2220 | <input type="checkbox"/> | <b>Trail Vision Care</b><br>1370 McQuarrie St.<br>Trail, BC, V1R1X3<br>(250) 364-2020 | <input type="checkbox"/> | <b>Glass House Optical</b><br>701 Front St.<br>Nelson, BC, V1L 4B8<br>(250) 354-3937<br><br>Unit 2 - 688 18th St.<br>Castlegar, BC, V1N 2M9<br>(250) 365-2026 |
|--------------------------|---|--------------------------|---|--------------------------|---|

**Section 2 - Supervisor Approval**

Purchase requested for *(please check appropriate box)*

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | New Prescription or Prescription change                        |
| <input type="checkbox"/> | Existing glasses require repair/replacement due to normal wear |
| <input type="checkbox"/> | Existing glasses damaged through work activities               |

Supervisor Name: \_\_\_\_\_ Business Area: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3 - Vendor to complete**

Vendor to ensure Teck employee shows Access Card with picture on it prior to purchase. \_\_\_\_\_ *(please initial)*

Frame and lens style selected: \_\_\_\_\_

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Is lens only replacement an option if replacement is due to damage or prescription change and eyewear was purchased within 2 years? |
| <input type="checkbox"/> | Of the frame options available; frame selected minimized loss of peripheral vision  |
| <input type="checkbox"/> | Meets CSA Z94.3-92 - CSA Z94.3-07 or ANSI Z87.1   |
| <input type="checkbox"/> | Meets the 5 mm fit criteria   |
| <input type="checkbox"/> | Unable to Meet 5 mm fit criteria (explanation below)  |

**Note:** Transition lenses, tinted lenses and anti-reflective coatings are not permitted under the Teck Metals Ltd. program.

Exception: If unable to achieve 5mm fit, please provide an explanation below.

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|  |

Vendor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Employee sign-off for receipt of product: \_\_\_\_\_

Date: \_\_\_\_\_