1.0 **PURPOSE:**
To minimize the risk of an eye injury at Euramax facilities.

2.0 **POLICY:**
ANSI rated clear safety glasses with permanent side shields are required to be worn by employees, office workers and visitors entering manufacturing, warehouse, maintenance and yard areas at Euramax facilities.

3.0 **RESPONSIBILITIES:**
A. It is the responsibility of the **Facility Leader** to ensure compliance with this procedure in its entirety.

B. It is the responsibility of all **Employees** to follow the requirements of this procedure.

4.0 **PROCEDURE:**
A. All safety glasses and goggles must meet the requirement of ANSI Standard Z87.1-2010.

B. The company will provide non-prescription, safety glasses described above (4.0 Procedure, Item A) at no cost to the employee. Glasses or eye protection to fit over normal glasses will be made available to employees and visitors.

C. After 90 days of employment, employees will be eligible for prescription glasses through the AirGas Company program on an annual basis.

D. Prescription glasses must be ordered on the AirGas prescription Eyewear Form (see attached form). The form must be taken to the optician along with the desired sample frame. The optician will measure the employee’s eyes and fill out the form (Euramax does not pay for the optician visit). The employee must sign the form and return the form and sample frame to the facility leader. The completed form will then be faxed to AirGas (800.782.5753) or email to airgas.prooptics@airgas.com and to the Corporate Safety Administrator Manager (717.735.2827) or emailed to safetyfirst@euramax.com. Invoices will be sent to the Corporate Safety Administrator Manager’s office and the glasses will be sent to the facility. If the employee requested additional options other than what are covered, the amount will be deducted from their paycheck.
E. All safety glasses must have permanent side shields. Temporary side shields (slip-on type) used on prescription eye glasses are prohibited.

F. Each employee who wears prescription lenses shall wear eye protection that incorporates the prescription in its design, and meets ANSI Standard Z87.1-2010, or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

G. Tinted safety glasses shall not be permitted for use inside the plant, unless specifically required (medical reason) for the individual (in writing) at the direction of a qualified doctor or optometrist.

H. Tinted safety glasses (with UV protection) may be worn while working outside in a yard area, but must be replaced with clear lens safety glasses while working indoors.

I. Company truck drivers are required to wear approved safety glasses while loading and unloading trucks (both on the Company property and at the customer’s facility), but not while driving trucks.

J. In areas where corrosive materials are present, chemical-proof goggles and/or face shields must be worn.

K. Welding requires specialized eye protection – see Procedure K-3.0 “Welding Safety”.

L. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.

5.0 ATTACHMENT/FORMS:
A. AirGas prescription Eyewear Form

6.0 PROCEDURE HISTORY:
Original Issue - 1/2009
Reviewed and Updated – 12/2010
Reviewed and Updated – 3/2011
Reviewed and Updated – 3/2013
Reviewed and Updated – 5/2015

* Uncontrolled if printed *
## EURAMAX
### RX EYEWEAR PROGRAM BY AIRGAS / PROTECTIVE OPTICS

<table>
<thead>
<tr>
<th>ACCT #</th>
<th>2270258</th>
<th>DATE</th>
<th>CONTACT NAME</th>
<th>PAM CHAPPELL</th>
<th>EMAIL</th>
<th>PH</th>
<th>817-481-3521 x 248</th>
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### PO# | EMPL | FIRST NAME | LAST NAME | PH |
|--------|-------|------------|-----------|----|

### SHIP TO
FACILITY LOCATION: ADDRESS:

### FACILITY NUMBER:

### LENS MATERIAL
POLYCARBONATE

### LENS STYLE
- SV
- ST28
- ST35
- 7X28

### PROGRESSIVE LEVEL
- LEVEL 2
- LEVEL 3

### RIGHT
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<tr>
<th>SPHERE</th>
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<th>AXIS</th>
<th>PRISM</th>
<th>PD</th>
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### LEFT
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<th>PD</th>
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### ADD
<table>
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<tr>
<th>SEG HT</th>
<th>LENS COLOR: CLEAR ONLY</th>
<th>□ PATIENT’S FRAME ENCLOSED</th>
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### FRAME NAME

### FRAME COLOR

### EYESIZE

### SIDESHIELDS
- PERMANENT ONLY

### COATINGS
- SUPERTOUGH (1 YEAR WARRANTY)
- BASE ANTI REFLECTION (1 YEAR WARRANTY)
- PREMIUM ANTI REFLECTION (1 YEAR WARRANTY)
- CRIZAL

### PROGRAM PARAMETERS

#### COMPANY PAID ITEMS
- LENSES: SINGLE VISION, BIF: ST28, ST35, TRIF: 7X28
- FRAMES: EMPLOYEE WILL HAVE FRAME SAMPLES

#### EMPLOYEE PAID OPTIONS
- LENSES:
  - LEVEL 2 PROGRESSIVE (VIP): $60.00
  - LEVEL 3 PROGRESSIVE (PHYSIO): $132.00
- TINTS / COATINGS:
  - SUPERTOUGH: $30.00
  - BASE ANTI-REFLECTION: $39.00
  - PREMIUM ANTI-REFLECTION: $78.00
  - CRIZAL ALIZE: $93.00

### PAYROLL DEDUCTION

I AUTHORIZED MY COMPANY TO PAYROLL DEDUCT FROM MY PAYCHECK THE AMOUNT LISTED ABOVE.

<table>
<thead>
<tr>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE</th>
<th>ID #</th>
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</table>

### AIRGAS – OPTICAL DEPT
N112 W13333 MEQUON RD
GERMANTOWN, WI 53022

SUBMIT ORDERS TO: airgas.prooptics@airgas.com

FOR MORE INFORMATION, CALL THE AIRGAS OPTICAL CUSTOMER SERVICE GROUP: PH: 800-245-3665 / FX: 800-782-5753

7050 - 10/24/14 - tjb