FERMILAB/KNIPPEN'S SHOES SAFETY TOE FOOTWEAR REQUEST P.O. Number 557046

Employee Name		ID#	Ext	
Expenditure Organization	Project #	Ta	sk#	
This employee is to be provided with <u>one</u> pair of ANSI Class 75 safety toe footwear as indicated below. The supervisor must sign this request.				
INSTRUCTIONS FOR OBTAINING SAFETY TOE FOOTWEAR				
 Fill out the information above, including your task number footwear. The form must be signed by your supervisor, ar safety toe footwear you require. Please make and/or keep Bring this form and your Fermilab I.D. card with you to or in the parking lot behind Industrial Center Building every 11:30 a.m. to 12:30 p.m.). If you choose a style that costs more than the \$85 allocated the time the order is submitted. Make check or money ord additional cost for medically prescribed and occupationall Many styles are stocked in the shoe-mobile and can be pick will be delivered to the shoe-mobile within two weeks and delivery times when you place your order. If you have any 	nd others, as in o a copy of come der your safety Tuesday from I by Fermilab, y der payable to ' ly required cor- ked up immed I can be picked	dicated. A sepanpleted form for toe footwear. 8:00 a.m. to 4:00 you are responsifications.) intelly upon placing at that time	rate form is requer your records. The vendor "shoed p.m. (closed for ble to pay the addres." (Note: The I ement of the order Please check wi	e-mobile" is available lunch from ditional amount at ab will pay the er. Other footwear th the vendor about
	D#	Ext.	Date	е
Supervisor's Signature				
MEDICALLY-PRESCRIBED CORRECTIONS. Medically prescribed corrections required (describe):				
FNAL Occupational Medicine Director's Signature & ID#			Date	
THE DIVISION/SECTION SAFETY OFFICER MUST SIGN THIS FORM FOR FOOTWEAR REQUIRING UNUSUAL OCCUPATIONALLY-REQUIRED OPTIONS.				
Unusual occupationally required options required (describe)	:			
Division/Section Safety Officer's Signature & ID#			Date	
TO BE FILLED OUT BY KNIPPEN REPRESENTATIVE ONLY DATE:				
SHOE STYLE:	SIZE:			
KNIPPEN PRICE: AMOUNT COVERED BY FERMILAB: BALANCE PAYABLE BY EMPLOYEE:	ф			

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