

STATE OF HAWAII- EXECUTIVE BRANCH
(Excludes DOE, HHSC, OHA, and UH)
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

Attachment B

Part 1: EMPLOYEE INFORMATION

Dept.: _____ Division: _____ Island: _____
 Branch: _____ Employee: _____ Phone: _____
 Baseyard: _____ Position Title: _____

Part 2: APPROVED FOOTWEAR FOR POSITION
(Based on Hazard Assessment)

VENDOR #1: _____

Option 1: BRAND: _____ COST: _____
 STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____
 STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____
 STYLE: _____ SIZE: _____

See Additional Vendor/Options list, if applicable on next page

Part 3: REQUESTED FOOTWEAR
(Deviation from price list)

VENDOR: _____

BRAND: _____

STYLE: _____ **SIZE:** _____

ADDITIONAL COST (if any): _____

REASON FOR REQUESTING DEVIATION FROM PRICE LIST:

Part 4: PHYSICIAN CERTIFIED PROTECTIVE FOOTWEAR

Please contact your human resources office if you have a medically certified condition requiring a deviation from the price list.

CHECK BOX IF APPLICABLE: DEVIATION IS DUE TO MEDICAL CONDITION AND PHYSICIAN'S CERTIFICATION IS ATTACHED.

DEVIATION APPROVED BY:

 PRINT NAME SIGNATURE POSITION TITLE

Part 5: APPROVAL TO PURCHASE SAFETY FOOTWEAR

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The cost of the protective footwear shall be paid by the State pursuant to the price list contract. The department shall be responsible for approving safety footwear deviations and paying any applicable additional cost for the protective footwear.

APPROVAL OF DIVISION/BRANCH CHIEF/OR MANAGEMENT REPRESENTATIVE:

 PRINT NAME SIGNATURE

 POSITION TITLE DATE

APPROVAL OF SAFETY OFFICER OR PERSON WHO CONDUCTED HAZARD ASSESSMENT:

 PRINT NAME SIGNATURE

 POSITION TITLE DATE

ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE)
 Email copy to DHRD Safety Office and Departmental Human Resources Office

Part 2: APPROVED FOOTWEAR FOR POSITION
(Based on Hazard Assessment)

VENDOR #1: _____

Option 4: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 5: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

VENDOR #2: _____

Option 1: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

VENDOR #3: _____

Option 1: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 2: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____

Option 3: BRAND: _____ COST: _____

STYLE: _____ SIZE: _____