



Safety Eyewear Program – On-Site Agreement Form

Welcome to The Optics Group Safety Eyewear Program!

Our Safety Program Coordinator will visit your location to fit employees with high-quality, OSHA-compliant safety glasses. To participate in the on-site program, please complete and sign this agreement form.

Employee Information

Please indicate how many employees would be expected during our on-site visit.

Estimated Number of Employee: _____

Shift Information:

Please provide the following information regarding your companies/plants shifts

Total number of shifts at your company: _____

Please designate shifts and times:

Prescription Requirement

Employees must provide a current prescription or have a prescription on file with The Optics Group.

Program Frequency (please select one)

- Quarterly
- Semi-Annually
- Annually

Comments / Special Requests:

Delivery Option for Glasses

- Shipped directly from The Optics Group
- Delivered on-site and clarity/fit checked by Safety Program Coordinator

By signing below, you agree to participate in The Optics Group On-Site Safety Eyewear Program and comply with the program requirements.

Company/Safety Coordinator Signature: _____

Date: _____

Optics Group Safety Coordinator: _____ **Date:**
