

Program Subject: Safety Footwear Policy

1 PURPOSE

- 1.1 To ensure that employees of the University of Wisconsin-Eau Claire/Barron County who may be exposed to the risk of foot injury during their duties, wear approved safety footwear.
- 1.2 To ensure the safety of employees, appropriate protective footwear must be worn by all persons when working in areas where there is a danger of foot injuries due to falling or rolling objects that could crush the foot, objects that could pierce the sole, and where the employee's feet are exposed to electrical hazards.
- 1.3 To provide guidance to supervisors in determining whether certain work activities present a risk of foot injury and the types of safety footwear required to protect workers from workplace foot injuries in the workplace.
 - 1.3.1 Employees who are issued safety shoe vouchers will always be required to purchase and wear them when at work at the UW-Eau Claire/Barron County.
 - 1.3.2 The safety shoe vouchers will be provided annually for the purchase of safety shoes for employees whose job tasks require the use of safety footwear.
- 1.4 To provide guidelines for footwear requirements by classifications and reimbursement to eligible employees for safety footwear.
- 1.5 To comply with 29 CFR 1910.136 which incorporates reference to the ASTM F2412-18 Standard, ASTM F 2413-18 Standard, and ANSI Z41-1999/Z41-1991.

2 SCOPE

- 2.1 To cover all University employees, Barron County, faculty, and staff who have a potential for injury to the feet from falling or rolling objects, objects piercing the sole, chemical or slip hazards, and where such employee's feet are exposed to electrical hazards.
- 2.2 To cover any employee who routinely performs work considered to be conducive to foot injuries or who are exposed to other hazards which require foot protection.

3 DEFINITION

- 3.1 **Chainsaw-protective footwear:** Boots that are designed to prevent a chainsaw from cutting into the shin, ankle, foot, and toes.
- 3.2 **Electric shock resistant (ESR) footwear:** A sole and heel constructed of electrically insulating materials that provides protection against electric shock to the bottom of the foot.
- 3.3 **Protective footwear:** A boot or shoe that provides protection against injury to the wearer as defined in CSA Standard.
- 3.4 **Slip resistance:** A property of footwear (e.g., sole material, shape or softness/hardness, tread design, or shape of heel) that reduces slipping on specific surfaces.
- 3.5 **Protective Sole Plate:** An integral component in the footwear that provides puncture protection to the sole of the foot.
- 3.6 **Protective Toecap:** A component designed to provide toe protection that is an integral and permanent part of the footwear.
- 3.7 **Safety Boots:** A puncture resistant sole plate, a minimum 6-inch-high ankle protection and electric shock-resistance (ESR) in accordance with the ANSI Z41.1999 Standard.

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4 RESPONSIBILITIES

4.1 Department of “Risk Management, Safety and Sustainability” (RMSS)

4.1.1 Responsible for the development and implementation of this policy.

4.1.2 Provide necessary resources to carry out the program.

4.1.3 Ensure departments are aware of and monitor compliance with the program.

4.1.4 Monitor job activities for foot hazards annually, whenever a new job activity is introduced, or after a related employee injury.

4.1.4.1 Provide consultation to department in assessing the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

4.1.5 Review, update and evaluate the effectiveness of the program.

4.2 Appropriate Administrators and/or Supervisors/Managers

4.2.1 Conduct specific job hazard assessments to determine hazards which necessitate the use of PPE including safety footwear and provide documentation to RMSS.

4.2.1.1 Identify the activities that require protective footwear.

4.2.2 Ensure safety footwear is being worn by each affected employee during all job tasks which require such protection.

4.2.3 Communicate, promote, and enforce this policy and procedure through regular worker monitoring strategies.

4.2.4 Ensure that employees wear the appropriate footwear in all areas where a risk exists.

4.2.5 Ensure and enforce that employee comply with the guidelines established by this program including disciplinary action for violation of policy where appropriate.

4.2.6 The department must pay for the expense and would need to be approved prior to purchase of protective footwear. See Section (5.3)(5.3.1)(5.3.2) Purchase Allowance.

4.3 Employees

4.3.1 Comply with this Safety Footwear Policy and shall be responsible for those sections that address the use, maintenance, wearing of safety shoes, and complete required training.

4.3.2 Always wear appropriate footwear in foot hazardous areas.

4.3.2.1 Sandals or other open-toe shoes are not permitted to be worn by employees working in laboratories, shops, or other job locations where glass, caustic or corrosive chemicals, or hot materials are used or handled.

4.3.3 Clean and store according to the manufacturer’s specifications.

4.3.3.1 Maintain protective footwear in good condition.

4.3.3.2 Replaced when damage could affect its ability to provide protection. If in doubt, replace it.

4.3.3.3 Damaged, lost, or stolen footwear unrelated to the employee’s job will be replaced at the employee’s expense.

4.3.4 Notify the supervisor/manager of concerns or problems with footwear.

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5 PROGRAM COMPONENTS

5.1 **Assessment of Foot Hazards:** To determine whether employees in the work area are at risk of receiving foot injuries, consider whether the feet of employees have reasonable potential of encountering the following. See **APPENDIX A**. Foot Protection Hazard Assessment Form

5.1.1 Situations where carried or lifted items could drop.

5.1.1.1 Materials such as packages, objects, parts, or heavy tools, which could be dropped or other activities where objects might fall onto the feet.

5.1.2 Use of power mowers, sweepers, floor sanders, or similar machines.

5.1.2.1 Puncture hazards from sharp objects such as nails, wire, tacks, screws, staples, scrap metal, glass chips, etc. on the floor or ground.

5.1.3 Use of equipment in handling heavy materials

5.1.3.1 Compression hazards such as from forklifts, front loaders, pallet jacks, lift gate trucks and skid trucks (manual material handling carts), 55-gallon drums, or heavy pipes all of which could potentially roll over onto the feet.

5.1.4 Electrical hazards.

5.1.5 Staff working in chemical laboratories should wear enclosed footwear that is resistant to spills of hazardous substances.

5.2 Safety Footwear Allowance

5.2.1 University of Wisconsin Eau Claire will offer a safety footwear allowance for full-time employees who purchase safety footwear when safety footwear is a required PPE.

5.2.1.1 **Classified staff:** Those classified employees serving probationary periods will be issued one pair of safety shoes initially.

5.2.1.2 **Unclassified staff:** All affected unclassified employees working on a regular full-time contract will be issued a pair of safety shoes.

a. Special contract employees hired full time for a period of one year.

5.2.1.3 **Student employees:** Those student employees working in job classifications covered by this policy will be afforded the same degree of protection as provided to classified and unclassified employees.

a. Any method of foot protection other than prescribed safety shoes must be evaluated and approved by RMS prior to issuance.

5.2.1.4 **Part-time and temporary part-time Employees:** Part-time and temporary part-time classified and unclassified employees will be afforded the same degree of protection as provided to full-time employees.

a. Any method of foot protection other than prescribed safety shoes must be evaluated and approved by RMSS prior to implementation.

5.2.2 Footwear will not be replaced more frequently than once every 12 months from the date of the prior purchase, except in cases of documented on the job damage or deterioration.

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5.3 Subsidy for Footwear

All full-time and part-time employees whose work requires the wearing of protective footwear shall be eligible for subsidization. See **APPENDIX B. Safety Shoe Voucher**

5.3.1 Each supervisor shall determine who, by title and/or assignment, shall be included in the footwear program and type of footwear required.

5.3.2 Purchase Allowance

Based on the type of safety-toe shoes required for various positions within the University, the IMMEDIATE DEPARTMENT shall pay up to the applicable amounts as show below:

5.3.2.1 \$130.00 – Steel or Composite Toed Safety Shoes or Boots.

- a. Abrasion Resistant, Chemical Resistant, Impact and Compression, Oil Resistant, Electrical Hazard Protection, Heat Resistant, Water Resistant, and Puncture Resistant.

5.3.3 Regular full-time and part-time employees shall be eligible for the annual footwear subsidy of \$130.00.

5.3.4 The vendors will directly bill the department for the cost of one pair of safety or adequate footwear up to \$130.00 per employee per year.

5.3.4.1 The employee will pay additional cost at the time of purchase.

5.3.5 Footwear purchased through this program is intended to be used for the University business – related work.

5.3.5.1 The only time the University will consider buying an employee a new pair of footwear is if they are damaged directly as a result of an occupational “incident” in the workplace over which the employee had no control.

5.3.5.2 The employee’s supervisor and/or Office of Facilities will be responsible for making determinations relevant to replacement through this program.

5.3.6 New employees in these classifications shall be eligible for the one hundred thirty dollars (\$130.00) allowance after completion of their probationary period, and every January thereafter.

5.3.7 Classifications required to wear safety footwear:

5.3.7.1 Heavy Equipment Operator

5.3.7.2 Machinist Highway Laborer

5.3.7.3 Automotive Mechanic II

5.3.7.4 Heavy Vehicle & Equipment Technician

5.3.7.5 Field Heavy Vehicle & Equipment Technician

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5.4 **Selecting Protective Footwear:** The selection of safety footwear is not limited to brand, vendor, or model provided that the vendor attest that the shoes meet **all** requirements of the current standard. See **APPENDIX A**. Foot Protection Hazard Assessment Form.

5.4.1 Safety shoes or boots must meet the current ASTM F 2413-18 or ANSI Z41 standard.

5.4.2 Synthetic footwear or rubber boots are required if the feet will contact chemical or biological hazards or a wet working environment.

5.4.3 Safety shoes with special non-conductive and insulating soles are required when electrical hazards are present.

5.4.4 The shoe shall be constructed of durable, water-proof, or water-resistant leather.

5.4.5 The shoe must grip the heel firmly.

5.4.6 The shoe must have a low, wide-based heel; flat shoes are recommended.

5.5 Vendors

5.5.1 Reviews requirements with UW-Eau Claire's employee.

5.5.2 Informs employee of shoes available that meet requirements.

5.5.3 Assists employees in obtaining proper type and fit of foot protection.

5.5.4 Informs employees of allowance limit and, as applicable, informs employees of their responsibility for cost beyond the allowance provided.

5.5.4.1 The vendor collects for cost above the limit from the employee.

5.5.5 Provide signature on form certifying shoes meets requirements specified on authorization form and agrees to the Condition of Sale, instructing the employee to return the original receipt to their department.

5.5.6 Redirects employee to other vendors when proper fit is unattainable.

5.6 Inspection and Maintenance of Footwear

5.6.1 Check that the soles are free of cracks or holes, heels are in good condition, and soles and heels are firmly attached to the uppers.

5.6.2 Store footwear away from excessive heat or cold, dust, and chemicals and/or contaminated area.

5.6.3 Inspect the safety footwear regularly for damage. If damaged, replace the footwear.

5.6.4 Use a protective coating to make footwear water-resistant, if necessary.

5.6.5 Ensure electric shock resistance of footwear is in good condition.

5.6.6 Refer to manufacturer's instructions.

Note: Open-toed and high-heeled shoes are not permitted to be worn in laboratories or other workplaces where exposure to chemical, radioactive or biological agents can occur.

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APPENDIX A. Foot Protection Hazard Assessment Form

A. REQUEST FOR EMPLOYEE SAFETY FOOTWEAR

Employee Name: _____ Phone: _____
Dept.: _____ Location: _____ Supervisor: _____
Type of Hazards: _____

B. SELECTION

Model of Shoes: _____ Size of Shoes: _____
Level of work effort (check one) Light Moderate Heavy Strenuous

FOOT and LEG Protection

- STEEL-TOES SHOES (STS) SPECIFY: _____
- SLIP-RESISTANT SHOES (SRS) SPECIFY: _____
- CHEMICAL RESISTANT SHOES (CRS) SPECIFY: _____
- ELECTRICAL HAZARD PROTECTION (EHP) SPECIFY: _____
- METATARSAL GUARD (MG) SPECIFY: _____
- SPECIFY OTHER: _____

Hazard Types	Protection					Comments
	STS	SRS	CRS	EHP	MG	
(i.e. falling objects)	✓				✓	STS or MG is recommended where heavy objects may fall on foot
Falling Objects						
Rolling Objects						
Sharp Objects						
Hot Objects						
Electric Shock						
Static Discharge Micro-circuits						
Static Ignition						
Saw Cutting						
Other:						

Employee Signature: _____ Review by supervisor: _____ Date: _____

Review by Risk Management & Safety: _____ Date: _____

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APPENDIX B. Safety Shoe Voucher

GENERAL INFORMATION

Employee Name (Print):		Department:		Date:	
Employee's Job Title:		Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> LTE <input type="checkbox"/> Temp/Contractor		Value Allowed: \$130.00	
<p>UW-EAU CLAIRE is required to secure goods and services through a competitive process in which the below vendors have been selected. Please understand that this voucher is "ONLY" redeemable at the UW-Eau Claire contracted vendors below for any safety shoe approved by the current ASTM F2413-18 and ANSI Z41 Standard. This voucher is void if purchases are made at non-contracted vendors. The cost of the safety shoes shall be paid by the department through PCard, Purchase Order, or direct pay. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost more than the applicable allowance.</p>					
<p>UW-Eau Claire & UWEC – Barron County Contract Vendor List: (check box for your selection) for Safety Shoes only</p>					
<input type="checkbox"/> Shoe Doctor 2321 E. Clairemont Ave. (715)834-2070		<input type="checkbox"/> Rogan's Shoes 3015 E. Hamilton Ave. (715)833-1440			
<input type="checkbox"/> Mason Shoe Outlet Store 301 N. Bridge St. (715) 723-4323					
<p>Employee I understand that this voucher is ONLY redeemable for Safety Shoes at the UW-Eau Claire & UWEC – Barron County contracted vendors above. Please present this form to the store at the time of purchase. <input type="checkbox"/> Brand: _____ <input type="checkbox"/> Style: _____ <input type="checkbox"/> Size: _____</p>					
Total Price \$ _____		Company Contribution \$130.00			
Paid by Employee \$ _____		Amount Due \$ _____			
Employee Signature: _____				Date: _____	
Vendors					
<p>To All Vendors:</p> <p>The employee named above has been approved to purchase Safety Shoe ONLY. The total value allowed towards this voucher is indicated above under the Safety Shoe title. It will be your responsibility to collect any monies owed greater than the above-mentioned voucher value. Employees can purchase one pair of safety shoes within the voucher value. Employees can select any safety shoe whether they are listed on the contracted listing, safety shoes purchased MUST be approved by the current ASTM F2413-18 and ANSI Z41 Standard.</p> <p>Vendor Employee: _____ Date: _____</p> <p>Send a copy of this voucher and invoice to:</p> <p>Maintenance & Central Stores (MCS) 103, 651 University Dr., Eau Claire, WI 54701 Eau Claire Campus, Attention: Matt Haller, (715)836-3374, HALLERMA@uwec.edu Barron County Campus, Attention: Aaron J. Turek, (715)836-3406, turekaj@uwec.edu</p>					
<p>Approval: Supervisor or Department of Risk Management & Safety (RMS) Staff</p> <p>Supervisor Name: _____ Signature: _____ Date: _____</p> <p>RMS Staff: _____ Signature: _____ Date: _____</p>					

ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC). Email copy to supervisor or System Human Resources Office; and a copy to (RMS) Office at safety@uwec.edu