

## **FM SAFETY SHOE REQUEST FORM**

All safety shoes must be rated in accordance with ASTM 2413-18, or equivalent, to meet compression (75), impact (75) and electrical hazard (EH) specifications.

**TO:** Facilities Management (FM) Human Resources/Safety & Health Office

**FROM:** \_\_\_\_\_  
**Employee's Name – Please Print**

**Employee Unit/Shop:** \_\_\_\_\_

**Employee Job Title:** \_\_\_\_\_

1. Has FM supplied you with Safety Shoes before?    **Yes**         **No**

2. Choose the reason for your safety shoe request:

**Poor Fit**

**Worn Out**

**Boots Leaking**

**Other** \_\_\_\_\_

3. How often do you wear your safety shoes:

**Daily**

**Several times a week**

**Several times a month**

Employee Signature: \_\_\_\_\_  
(Signature) (Date)

FM Safety & Health Office Approved: \_\_\_\_\_  
(Signature) (Date)

Personal Protective Equipment FRS 1-189000        Work Order Number WT-100-\_\_\_\_ (Shop Suffix)

Safety Boots, if approved, will be issued no more than once every two years. Safety boots will be replaced within the two-year period if damaged or significantly worn or if the employee can no longer achieve a good fit. Submit this form for all safety boot requests and boot replacement approval.