SUPPLEMENTAL AGREEMENT
Section 46 – Working Conditions and Safety
Safety-Toe Footwear

THIS SUPPLEMENTAL AGREEMENT (SUPP) is entered into on this 16TH day of OCTOBER, 2019, by and between the University of Hawai'i (hereafter "EMPLOYER") and the United Public Workers, AFSCME, Local 646, AFL-CIO (hereafter "UNION") on behalf of employees in Bargaining Unit 1.

WHEREAS, the State of Hawai'i via its Department of Human Resources Development and the UNION consulted on the Safety Toe Shoes Price List ("Price List") and Purchasing Guidelines and Instructions, and such Guidelines and Instructions were based on a competitive bid price list.

WHEREAS, in lieu of the EMPLOYER utilizing the competitive bid price list process after August 14, 2019, the EMPLOYER and the UNION have mutually agreed on established allowances that must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection," and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," ANSI Z41-1999, "American National Standard for Personal Protection - Protective Footwear," or ANSI Z41-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b) of the Occupational Safety and Health Standards and allow employees to choose the brand or model of shoe which is required in connection with the employee's official duties and responsibilities.

NOW, THEREFORE, the EMPLOYER and the UNION agree as follows:

1. The EMPLOYER shall provide safety-toe shoes to employees pursuant to Sections 46.03 and 46.04 or replace safety-toe shoes pursuant to Sections 46.04 e or provide a second pair of safety-toe shoes pursuant to 46.04 f to perform their official work duties.

2. Effective August 15, 2019, the EMPLOYER shall pay up to the applicable allowances listed in #3 below for the purchase of safety-toe shoes which meet the required specifications for the types of shoes employees are required to wear in the performance of their duties and responsibilities.

3. Based on the type of safety-toe shoes required for various positions within the University, the EMPLOYER shall pay up to the applicable amounts as shown below:

Level 1: $131
Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

Level 2 $164
All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

Level 3 $200
All of Level 2 and Puncture Resistant

4. If the actual cost of safety shoes is less than the applicable allowance above, the EMPLOYER shall only be responsible for the actual cost of such footwear.

5. If employees choose to purchase safety-toe shoes that exceed the applicable allowance, employees shall be responsible for the cost in excess of the applicable allowance.

6. The EMPLOYER shall review safety-toe footwear prices, at least once in every five (5) years, to ensure the amounts established are sufficient to purchase safety-toe footwear as required by the EMPLOYER.

7. The EMPLOYER and the UNION agree to meet jointly to resolve any unanticipated issues that may arise regarding this SUPP.

THIS SUPP SHALL BE EFFECTIVE from August 15, 2019, to and including June 30, 2021, unless either the EMPLOYER or the UNION terminates this SUPP by giving a minimum of thirty (30) days written notice prior to the proposed date of termination.

IN WITNESS WHEREOF, the Parties hereto, by their authorized representatives, have executed this SUPP on the day and year first written above.

FOR THE EMPLOYER:

David Lassner, President
University of Hawai'i

FOR THE UNION:

Dayton M. Nakanelua
State Director
United Public Workers

Ryker Wada, Director,
Department of Human Resources Development
and Chief Negotiator, Office of Collective
Bargaining

UNIVERSITY OF HAWAI'I

SAFETY SHOE ALLOWANCE PURCHASING GUIDELINES AND INSTRUCTIONS

GENERAL GUIDELINE INFORMATION:

The allowance is to provide employees with safety shoes as identified by the employers' hazard assessment for foot protection. Approved safety shoes will be furnished to employees who are required to wear safety shoes thereby eliminating or reducing the severity of workplace foot injuries in accordance with Federal, State, or Local safety laws, rules, and regulations.

General requirements: The employer must assess the workplace to determine if hazards are present or are likely to be present which necessitate the use of personal protective equipment (PPE). As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment for foot protection must be certified utilizing Attachment A, Hazard Assessment Certification for Foot Protection.

Foot and leg protection: Foot and leg protection includes protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.

Shoe manufacturing standards: The criteria for protective footwear must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection," and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," ANSI Z41-1999, "American National Standard for Personal Protection - Protective Footwear," or ANSI Z41-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b).

RESPONSIBILITIES:

University of Hawai'i Campuses or System Offices: All University of Hawai'i ("UH" or "University") Campus or System offices, colleges, or departments, that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. Campus and System Human Resources Offices are also tasked with the following:

Manager or Supervisor: The manager or supervisor determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, provides employees a copy of the hazard assessment form

(Attachment A), instructs employees on how safety shoes are obtained under the program, obtains authorization for the safety shoes allowance (Attachment B), and trains employees on Occupational Safety Health Administration's (OSHA) PPE and program requirements.

Employee: The employee shall wear foot protection when the employer determines it is required. The employee obtains a completed Safety Footwear Purchase Authorization (Attachment B) form from the employer, shops for the safety shoes on their own time, selects the proper type of foot protection, and has the vendor or, if purchase will be made online the supervisor, complete Part 4 of the form. If the shoe style and size is available, the employee may contact his/her employer to purchase the shoes using a Pcard or place an order for the shoes using a purchase order. The employee is responsible for informing the manager when his/her safety shoes are worn, defective or damaged, and require replacement.

Campus or System Human Resources Office or designee: When an employee has a medically certified condition, the Campus or System Human Resources Officer ("HRO") or their designee shall provide the employee with a Physician's Certification Form (Attachment C) for safety shoes. The employee's physician must provide details of what shoe features the employee would need to obtain the required foot protection (e.g. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.) for an accommodation.

System Human Resources Office (OHR): OHR coordinates the University-wide implementation of the program for campuses, initiates change as appropriate, and coordinates program provisions with applicable employee organizations. OHR will provide training if necessary to University managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

Vendors: Safety shoes can be purchased from any vendor but safety shoes that are purchased must meet ASTM or ANSI standards as referenced in 29 CFR 1910.136(b), per OSHA rules.

Vendor will assist Department employees in obtaining the proper type of shoes, ensure that the shoes the Department employee selects fits properly and will contact the employer when an employee with medical or physical anomalies is unable to obtain the required foot protection.

REQUIREMENTS:

1. When a requirement for foot protection is determined, proper foot protection shall be provided by the employer and shall be worn by the employee.

2. Safety footwear shall be replaced or repaired by the employer if it is damaged while being worn and in the performance of the employee's work in accordance with the employee's respective applicable bargaining unit contract provisions, and if there

is no such provision in the contract, then the employer shall determine when appropriate.

3. Safety footwear shall be replaced at the expense of the employee if it is lost, stolen, or damaged while not being worn or not in the performance of state work (see applicable collective bargaining provisions).

4. When an employee transfers, terminates, or retires, the employee shall return to the employer, any special outer attachments that may have been issued, such as spats, instep guards, etc.

5. Employees shall give reasonable notice to their employer when requesting a replacement safety footwear to allow for purchasing, delivery, or pick up.

6. Replaced safety footwear shall become the property of the employee and shall not be worn at work provided that the employer shall have the option to place on it a distinctive mark.

7. Medical accommodations must be certified by the employee's physician. The executed Physician's Certification Form (Attachment C) shall contain information justifying the accommodation and be submitted for review and approval by the employer's human resources officer or designee.

NOTE:

a. Medical waivers for safety footwear are not acceptable except for temporary conditions as certified by the employee's physician.

b. Medical information is confidential and shall be transmitted on a need to know basis only. Medical information shall be maintained in a separate confidential file.

UNIVERSITY OF HAWAI'I
INSTRUCTIONS TO PURCHASE SAFETY SHOES

The requirement to provide safety footwear is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invoke different work requirements or procedures, or there is an increase in the occurrence of foot injuries. A hazard assessment is mandated under OSHA standards.

HAZARD ASSESSMENT:

The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. Hazard assessments should be an on-going process to eliminate or mitigate identified hazards in the workplace. The foot protection purchasing guidelines (i.e. hazard assessment requirement, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, changes in the workplace or assignment that require a specific type of foot protection.

To comply with OSHA standards, a written certification of hazard assessment must be completed whenever personnel protective equipment is provided. The certification of hazard assessment must contain at a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the assessment
4. Dates of hazard assessment

For University Campuses and System Offices, a copy of the completed certification of hazard assessment must be provided to the DHRD Safety Office upon completion. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The Hazard Assessment Certification for Foot Protection form and instructions on how to complete the form are attached as Attachment A. After the hazard assessment is completed, the supervisor/manager completes the Safety Footwear Purchase Authorization form (Attachment B).

AUTHORIZATION TO PURCHASE:

After completion of the Hazard Assessment Certification for Foot Protection form (Attachment A), the following is the process to complete the authorization to purchase:

1. The manager or supervisor completing the hazard assessment transfers the appropriate data from the Hazard Assessment Certification for Foot Protection form (Attachment A) to the Safety Footwear Purchase Authorization form (Attachment B) by completing:

    a. Part 1 – Identifying information for employee purchasing safety shoes.

    b. Part 2 – Identifying the type of foot protection required of the position and allowable amount based on the current Allowance amount.

    c. Part 3 – Routes Safety Footwear Purchase Authorization Form for completion of Part 4.

    d. Gives employee a copy of the completed Hazard Assessment Form (Attachment A) and Safety Footwear Purchase Authorization form (Attachment B) and instructs employee to purchase shoe from any vendor.

    e. Part 4 – Once the employee chooses the safety toe shoes, the vendor signs off on Part 4 of the Safety Footwear Purchase Authorization form (Attachment B). If employee is purchasing the shoes online, the supervisor or designee must certify that the safety toe shoes selected meets the hazard assessment requirements for the employee's position before the employee purchases the safety shoes.

    f. The cost of the safety shoes, including the cost of shipping or return if applicable, shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee, up to the approved allowance amount for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the application allowance, including the cost of shipping or return if applicable, the employee shall be responsible for the cost in excess of the applicable allowance.

2. If an employee has a medically certified condition, the manager or supervisor shall complete Part 1 and Part 2 of the Safety Footwear Purchase Authorization Form and give employee a copy to take to their Human Resources Officer to obtain a Physician's Certification Form for Safety Shoes (Attachment C).

    a. The employee submits completed Physician's Certification Form to their Human Resources Officer ("HRO") or designee.

    b. HRO or designee reviews Physician's Certification Form. If the request for an accommodation is approved, HRO or designee shall complete Part 4 of the Safety Footwear Purchase Authorization form, route to appropriate offices for completion of Part 4 and directs employee to purchase identified personal protective footwear.

    c. If request for an accommodation is denied, HRO or designee is to provide a written notice to the employee with explanation for denial.

3. All employers are encouraged to utilize the P-card to purchase safety shoes.

4. Please provide a copy of Attachment A and B to the DHRD Safety Office at hrdsafety@gmail.com upon completion.

Attachment A - University of Hawai'i
HAZARD ASSESSMENT CERTIFICATION FOR FOOT PROTECTION

Campus/System: _____ Job Title of Employee: _____

Office/College/Dept/: _____ Position Number: _____

City/Island: _____

Evaluated By (Print Name): _____ Position: _____ Phone: _____

Duties: ◯ Mostly outdoors; ◯ Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

Type of foot protection required for tasks shown above – mark all ***REQUIRED*** features:

Level 1:
- ☐ Abrasion Resistant
- ☐ Impact/Compression
- ☐ Non-marking Outsole
- ☐ Oil Resistant
- ☐ Slip Resistant
- ☐ Waterproof

Level 2:
- ☐ Electrical Hazard Protection
- ☐ Heat Resistant
- ☐ Lug Soles
- ☐ Water Resistant

Level 3:
- ☐ Puncture Resistant
- ☐ Other: _____

Required Height: (Check only one): ◯ 4" ◯ 6" ◯ 8" ◯ Other Height _____

Person certifying assessment: _____ _____ _____
Print Name (if different from above) Signature Date

Copy to: **Campus/System Human Resources Office; and email to DHRD Safety Office at hrdsafety@gmail.com**

Revised August 4, 2019

Attachment B

UNIVERSITY OF HAWAI'I
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

Part 1: EMPLOYEE INFORMATION

Campus or System: _____ College, Dept., or Office: _____

Employee Name: _____ Phone: _____

Position Title: _____ Island: _____

Part 2: APPROVED COST ALLOWANCE FOR PROTECTIVE FOOTWEAR FOR EMPLOYEE'S POSITION	**Part 4: REQUESTED FOOTWEAR**
Type of foot protection required: See attached Hazard Assessment Certification for Foot Protection form (Attachment A) **Allowance Amount based on Safety Shoe Allowance Chart (Level 1, 2, or 3): _____** **The cost of the safety shoes shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee up to the approved allowance amount (which includes shipping costs or costs of returns) for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost in excess of the applicable allowance.**	**VENDOR: _____** **BRAND: _____** **STYLE: _____ SIZE: _____** **ADDITIONAL COST (if any): _____** **VENDOR CERTIFICATION: I certify that the safety shoes provided meets the hazard assessment requirements of the employee's position.** **Vendor Representative Signature** **Print Name** **SUPERVISOR CERTIFICATION (for online purchases): I certify that the safety shoes listed above meets the hazard assessment requirements of the employee's position.** **Supervisor or Designee Signature** **Print Name**

Part 4: APPROVAL TO PURCHASE SAFETY FOOTWEAR

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated on Attachment A. The allowable cost of the protective footwear shall be paid by the Employer as described in Part 2 above and if the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost of the protective footwear.

APPROVAL OF Campus/System 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 Campus or System Human Resources Office; and a copy to DHRD Safety Office at hrdsafety@gmail.com).

SAFETY SHOE ALLOWANCE CHART

Level 1: **$131**

Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

Level 2 **$164**

All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

Level 3 **$200**

All of Level 2 and Puncture Resistant

Effective as of August 15, 2019

UNIVERSITY OF HAWAI'I
PHYSICIAN'S CERTIFICATION FORM
FOR
SAFETY SHOES

Background information: The University of Hawai'i ("Employer") provides personal protective footwear (i.e. safety toe shoes) through an agreement with the Employee Union to University employees who are required to wear safety shoes as identified by the Employer's hazard assessment for foot protection (attached). The Employee is required to wear personal protective footwear as determined by the Employer. Your patient identified below is required to wear safety shoes and is requesting a medical accommodation because of a medical condition. Please complete this certification form and identify what your patient can wear to comply with the Employer's requirements.

Part 1: To be completed by Campus or System Human Resources Office

EMPLOYEE:_____ CAMPUS/SYSTEM:_____

JOB TITLE: _____ OFFICE/COLLEGE/DEPT.:_____

ISLAND:_____ PHONE: _____

Part 2: To be completed by Campus or System Human Resources Office

APPROVED FOOTWEAR FOR POSITION *(Based on Hazard Assessment)*

SAFETY SHOE FEATURES:_____

_____

_____

Part 3: To be completed by Employee's physician

REASON FOR REQUESTING ACCOMMODATION:

_____

_____

RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.):

_____

_____

PHYSICIAN: (PRINT) _____ SIGNATURE: _____

ADDRESS: _____ Phone number: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REVIEWED AND APPROVED BY:_____ _____

CAMPUS/SYSTEM HUMAN RESOURCES OFFICER OR DESIGNEE DATE

SUPPLEMENTAL AGREEMENT
Section 46 – Working Conditions and Safety
Safety-Toe Footwear

THIS SUPPLEMENTAL AGREEMENT (SUPP) is entered into on this 16th day of OCTOBER, 2019, by and between the University of Hawai'i (hereafter "EMPLOYER") and the United Public Workers, AFSCME, Local 646, AFL-CIO (hereafter "UNION") on behalf of employees in Bargaining Unit 1.

WHEREAS, the State of Hawai'i via its Department of Human Resources Development and the UNION consulted on the Safety Toe Shoes Price List ("Price List") and Purchasing Guidelines and Instructions, and such Guidelines and Instructions were based on a competitive bid price list.

WHEREAS, in lieu of the EMPLOYER utilizing the competitive bid price list process after August 14, 2019, the EMPLOYER and the UNION have mutually agreed on established allowances that must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection," and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," ANSI Z41-1999, "American National Standard for Personal Protection - Protective Footwear," or ANSI Z41-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b) of the Occupational Safety and Health Standards and allow employees to choose the brand or model of shoe which is required in connection with the employee's official duties and responsibilities.

NOW, THEREFORE, the EMPLOYER and the UNION agree as follows:

1. The EMPLOYER shall provide safety-toe shoes to employees pursuant to Sections 46.03 and 46.04 or replace safety-toe shoes pursuant to Sections 46.04 e or provide a second pair of safety-toe shoes pursuant to 46.04 f to perform their official work duties.

2. Effective August 15, 2019, the EMPLOYER shall pay up to the applicable allowances listed in #3 below for the purchase of safety-toe shoes which meet the required specifications for the types of shoes employees are required to wear in the performance of their duties and responsibilities.

3. Based on the type of safety-toe shoes required for various positions within the University, the EMPLOYER shall pay up to the applicable amounts as shown below:

Level 1: $131
Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

Level 2 $164
All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

Level 3 $200
All of Level 2 and Puncture Resistant

4. If the actual cost of safety shoes is less than the applicable allowance above, the EMPLOYER shall only be responsible for the actual cost of such footwear.

5. If employees choose to purchase safety-toe shoes that exceed the applicable allowance, employees shall be responsible for the cost in excess of the applicable allowance.

6. The EMPLOYER shall review safety-toe footwear prices, at least once in every five (5) years, to ensure the amounts established are sufficient to purchase safety-toe footwear as required by the EMPLOYER.

7. The EMPLOYER and the UNION agree to meet jointly to resolve any unanticipated issues that may arise regarding this SUPP.

THIS SUPP SHALL BE EFFECTIVE from August 15, 2019, to and including June 30, 2021, unless either the EMPLOYER or the UNION terminates this SUPP by giving a minimum of thirty (30) days written notice prior to the proposed date of termination.

IN WITNESS WHEREOF, the Parties hereto, by their authorized representatives, have executed this SUPP on the day and year first written above.

FOR THE EMPLOYER:

David Lassner, President
University of Hawai'i

FOR THE UNION:

Dayton M. Nakanelua
State Director
United Public Workers

Ryker Wada, Director,
Department of Human Resources Development
and Chief Negotiator, Office of Collective
Bargaining

UNIVERSITY OF HAWAI'I

SAFETY SHOE ALLOWANCE PURCHASING GUIDELINES AND INSTRUCTIONS

GENERAL GUIDELINE INFORMATION:

The allowance is to provide employees with safety shoes as identified by the employers' hazard assessment for foot protection. Approved safety shoes will be furnished to employees who are required to wear safety shoes thereby eliminating or reducing the severity of workplace foot injuries in accordance with Federal, State, or Local safety laws, rules, and regulations.

General requirements: The employer must assess the workplace to determine if hazards are present or are likely to be present which necessitate the use of personal protective equipment (PPE). As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment for foot protection must be certified utilizing Attachment A, Hazard Assessment Certification for Foot Protection.

Foot and leg protection: Foot and leg protection includes protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.

Shoe manufacturing standards: The criteria for protective footwear must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection," and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," ANSI Z41-1999, "American National Standard for Personal Protection - Protective Footwear," or ANSI Z41-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b).

RESPONSIBILITIES:

University of Hawai'i Campuses or System Offices: All University of Hawai'i ("UH" or "University") Campus or System offices, colleges, or departments, that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. Campus and System Human Resources Offices are also tasked with the following:

Manager or Supervisor: The manager or supervisor determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, provides employees a copy of the hazard assessment form

(Attachment A), instructs employees on how safety shoes are obtained under the program, obtains authorization for the safety shoes allowance (Attachment B), and trains employees on Occupational Safety Health Administration's (OSHA) PPE and program requirements.

Employee: The employee shall wear foot protection when the employer determines it is required. The employee obtains a completed Safety Footwear Purchase Authorization (Attachment B) form from the employer, shops for the safety shoes on their own time, selects the proper type of foot protection, and has the vendor or, if purchase will be made online the supervisor, complete Part 4 of the form. If the shoe style and size is available, the employee may contact his/her employer to purchase the shoes using a Pcard or place an order for the shoes using a purchase order. The employee is responsible for informing the manager when his/her safety shoes are worn, defective or damaged, and require replacement.

Campus or System Human Resources Office or designee: When an employee has a medically certified condition, the Campus or System Human Resources Officer ("HRO") or their designee shall provide the employee with a Physician's Certification Form (Attachment C) for safety shoes. The employee's physician must provide details of what shoe features the employee would need to obtain the required foot protection (e.g. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.) for an accommodation.

System Human Resources Office (OHR): OHR coordinates the University-wide implementation of the program for campuses, initiates change as appropriate, and coordinates program provisions with applicable employee organizations. OHR will provide training if necessary to University managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

Vendors: Safety shoes can be purchased from any vendor but safety shoes that are purchased must meet ASTM or ANSI standards as referenced in 29 CFR 1910.136(b), per OSHA rules.

Vendor will assist Department employees in obtaining the proper type of shoes, ensure that the shoes the Department employee selects fits properly and will contact the employer when an employee with medical or physical anomalies is unable to obtain the required foot protection.

REQUIREMENTS:

1. When a requirement for foot protection is determined, proper foot protection shall be provided by the employer and shall be worn by the employee.

2. Safety footwear shall be replaced or repaired by the employer if it is damaged while being worn and in the performance of the employee's work in accordance with the employee's respective applicable bargaining unit contract provisions, and if there

is no such provision in the contract, then the employer shall determine when appropriate.

3. Safety footwear shall be replaced at the expense of the employee if it is lost, stolen, or damaged while not being worn or not in the performance of state work (see applicable collective bargaining provisions).

4. When an employee transfers, terminates, or retires, the employee shall return to the employer, any special outer attachments that may have been issued, such as spats, instep guards, etc.

5. Employees shall give reasonable notice to their employer when requesting a replacement safety footwear to allow for purchasing, delivery, or pick up.

6. Replaced safety footwear shall become the property of the employee and shall not be worn at work provided that the employer shall have the option to place on it a distinctive mark.

7. Medical accommodations must be certified by the employee's physician. The executed Physician's Certification Form (Attachment C) shall contain information justifying the accommodation and be submitted for review and approval by the employer's human resources officer or designee.

NOTE:

a. Medical waivers for safety footwear are not acceptable except for temporary conditions as certified by the employee's physician.

b. Medical information is confidential and shall be transmitted on a need to know basis only. Medical information shall be maintained in a separate confidential file.

UNIVERSITY OF HAWAI'I
INSTRUCTIONS TO PURCHASE SAFETY SHOES

The requirement to provide safety footwear is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invoke different work requirements or procedures, or there is an increase in the occurrence of foot injuries. A hazard assessment is mandated under OSHA standards.

HAZARD ASSESSMENT:

The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. Hazard assessments should be an on-going process to eliminate or mitigate identified hazards in the workplace. The foot protection purchasing guidelines (i.e. hazard assessment requirement, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, changes in the workplace or assignment that require a specific type of foot protection.

To comply with OSHA standards, a written certification of hazard assessment must be completed whenever personnel protective equipment is provided. The certification of hazard assessment must contain at a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the assessment
4. Dates of hazard assessment

For University Campuses and System Offices, a copy of the completed certification of hazard assessment must be provided to the DHRD Safety Office upon completion. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The Hazard Assessment Certification for Foot Protection form and instructions on how to complete the form are attached as Attachment A. After the hazard assessment is completed, the supervisor/manager completes the Safety Footwear Purchase Authorization form (Attachment B).

AUTHORIZATION TO PURCHASE:

After completion of the Hazard Assessment Certification for Foot Protection form (Attachment A), the following is the process to complete the authorization to purchase:

1. The manager or supervisor completing the hazard assessment transfers the appropriate data from the Hazard Assessment Certification for Foot Protection form (Attachment A) to the Safety Footwear Purchase Authorization form (Attachment B) by completing:

    a. Part 1 – Identifying information for employee purchasing safety shoes.

    b. Part 2 – Identifying the type of foot protection required of the position and allowable amount based on the current Allowance amount.

    c. Part 3 – Routes Safety Footwear Purchase Authorization Form for completion of Part 4.

    d. Gives employee a copy of the completed Hazard Assessment Form (Attachment A) and Safety Footwear Purchase Authorization form (Attachment B) and instructs employee to purchase shoe from any vendor.

    e. Part 4 – Once the employee chooses the safety toe shoes, the vendor signs off on Part 4 of the Safety Footwear Purchase Authorization form (Attachment B). If employee is purchasing the shoes online, the supervisor or designee must certify that the safety toe shoes selected meets the hazard assessment requirements for the employee's position before the employee purchases the safety shoes.

    f. The cost of the safety shoes, including the cost of shipping or return if applicable, shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee, up to the approved allowance amount for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the application allowance, including the cost of shipping or return if applicable, the employee shall be responsible for the cost in excess of the applicable allowance.

2. If an employee has a medically certified condition, the manager or supervisor shall complete Part 1 and Part 2 of the Safety Footwear Purchase Authorization Form and give employee a copy to take to their Human Resources Officer to obtain a Physician's Certification Form for Safety Shoes (Attachment C).

    a. The employee submits completed Physician's Certification Form to their Human Resources Officer ("HRO") or designee.

    b. HRO or designee reviews Physician's Certification Form. If the request for an accommodation is approved, HRO or designee shall complete Part 4 of the Safety Footwear Purchase Authorization form, route to appropriate offices for completion of Part 4 and directs employee to purchase identified personal protective footwear.

    c. If request for an accommodation is denied, HRO or designee is to provide a written notice to the employee with explanation for denial.

3. All employers are encouraged to utilize the P-card to purchase safety shoes.

4. Please provide a copy of Attachment A and B to the DHRD Safety Office at hrdsafety@gmail.com upon completion.

Attachment A - University of Hawai'i
HAZARD ASSESSMENT CERTIFICATION FOR FOOT PROTECTION

Campus/System: _____ Job Title of Employee: _____

Office/College/Dept/: _____ Position Number: _____

City/Island: _____

Evaluated By (Print Name): _____ Position: _____ Phone: _____

Duties: ◯ Mostly outdoors; ◯ Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection

Type of foot protection required for tasks shown above – mark all ***REQUIRED*** features:

Level 1:
- ☐ Abrasion Resistant
- ☐ Impact/Compression
- ☐ Non-marking Outsole
- ☐ Oil Resistant
- ☐ Slip Resistant
- ☐ Waterproof

Level 2:
- ☐ Electrical Hazard Protection
- ☐ Heat Resistant
- ☐ Lug Soles
- ☐ Water Resistant

Level 3:
- ☐ Puncture Resistant
- ☐ Other: _____

Required Height: (Check only one): ◯ 4" ◯ 6" ◯ 8" ◯ Other Height _____

Person certifying assessment: _____ _____ _____

Print Name (if different from above) | Signature | Date

Copy to: **Campus/System Human Resources Office; and email to DHRD Safety Office at hrdsafety@gmail.com**

Revised August 4, 2019

Attachment B

UNIVERSITY OF HAWAI'I
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

Part 1: EMPLOYEE INFORMATION

Campus or System: _____ College, Dept., or Office: _____

Employee Name: _____ Phone: _____

Position Title: _____ Island: _____

Part 2: APPROVED COST ALLOWANCE FOR PROTECTIVE FOOTWEAR FOR EMPLOYEE'S POSITION	**Part 4: REQUESTED FOOTWEAR**
Type of foot protection required: See attached Hazard Assessment Certification for Foot Protection form (Attachment A) **Allowance Amount based on Safety Shoe Allowance Chart (Level 1, 2, or 3): _____** **The cost of the safety shoes shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee up to the approved allowance amount (which includes shipping costs or costs of returns) for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost in excess of the applicable allowance.**	**VENDOR: _____** **BRAND: _____** **STYLE: _____ SIZE: _____** **ADDITIONAL COST (if any): _____** **VENDOR CERTIFICATION: I certify that the safety shoes provided meets the hazard assessment requirements of the employee's position.** _____ _____ **Vendor Representative Signature** **Print Name** **SUPERVISOR CERTIFICATION (for online purchases): I certify that the safety shoes listed above meets the hazard assessment requirements of the employee's position.** _____ _____ **Supervisor or Designee Signature** **Print Name**

Part 4: APPROVAL TO PURCHASE SAFETY FOOTWEAR

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated on Attachment A. The allowable cost of the protective footwear shall be paid by the Employer as described in Part 2 above and if the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for any amount exceeding the allowable cost of the protective footwear.

APPROVAL OF Campus/System 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 Campus or System Human Resources Office; and a copy to DHRD Safety Office at hrdsafety@gmail.com).

SAFETY SHOE ALLOWANCE CHART

Level 1: **$131**

Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

Level 2 **$164**

All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

Level 3 **$200**

All of Level 2 and Puncture Resistant

Effective as of August 15, 2019

Attachment C

UNIVERSITY OF HAWAI'I
PHYSICIAN'S CERTIFICATION FORM
FOR
SAFETY SHOES

Background information: The University of Hawai'i ("Employer") provides personal protective footwear (i.e. safety toe shoes) through an agreement with the Employee Union to University employees who are required to wear safety shoes as identified by the Employer's hazard assessment for foot protection (attached). The Employee is required to wear personal protective footwear as determined by the Employer. Your patient identified below is required to wear safety shoes and is requesting a medical accommodation because of a medical condition. Please complete this certification form and identify what your patient can wear to comply with the Employer's requirements.

Part 1: To be completed by Campus or System Human Resources Office

EMPLOYEE:_____ CAMPUS/SYSTEM:_____

JOB TITLE: _____ OFFICE/COLLEGE/DEPT.:_____

ISLAND:_____ PHONE: _____

Part 2: To be completed by Campus or System Human Resources Office

APPROVED FOOTWEAR FOR POSITION *(Based on Hazard Assessment)*

SAFETY SHOE FEATURES:_____

_____

_____

Part 3: To be completed by Employee's physician

REASON FOR REQUESTING ACCOMMODATION:

_____

_____

RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.):

_____

_____

PHYSICIAN: (PRINT) _____ SIGNATURE: _____

ADDRESS: _____ Phone number: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REVIEWED AND APPROVED BY:_____ _____

CAMPUS/SYSTEM HUMAN RESOURCES OFFICER OR DESIGNEE DATE