

Requisition for safety glasses

Before you visit our store, you must book an appointment for a eye examination at www.synoptik.dk/bestil-tid

Company name:

Invoice address:

.....

To be completed by the company / institution

Name of employee:

.....

Birthday and year: Section:

Employee number: Position:

Phone: Local:

Mail:

The glasses should be used for protection against

- Splash (Glass material: hardened mineral, CR 39 or polycarbonate)
- Chemical Substances (Glass material: hardened mineral, CR 39 or polycarbonate)
- Light mechanical impact (Glass material: hardened mineral, CR 39 or polycarbonate)
- Heavy mechanical impact (Glass Material: polycarbonate)
- Angle grinding or welding (Speaks for lightweight glass CR39 without surface treatments, if there is no risk of heavy mechanical impact)

The employee needs to look at the following types of objects at the following distance during work

Type: Distance: cm

Type: Distance: cm

Type: Distance: cm

*Wants extended health check: Yes No Company paid: Yes No

To be completed by the store

Safety spectacle correction:

R: sph:	cyl:	axe:	add:
L: sph:	cyl:	axe:	add:

Strength change compared with previous safety glasses: Yes No

Safety glasses must only be supplied on condition that changes to the need for strength, compared to existing safety glasses:
 Yes No

The employee must be able to look further away or move with the glasses on (this may mean that multi-strength glass is supplied):
 Yes No

Stamp

The glasses/glasses are supplied by (stamp, date and signature)

Notes:

Purchasing company's signature:

Date and signature

Stamp

Services not covered by the agreement:

**Health Check is a serie of studies that can detect any signs of eye or lifestyle diseases such as. cataracts, calcification, diabetes and high blood pressure*