

Toolbox

Safety Series



Eye Safety

“EYE SAFETY”

Safety glasses protect your eyes and will save your sight - if you wear them. They offer no protection in your back pocket, your pickup truck or left at the house. People who wear glasses quickly become used to them. Unfortunately, people who don't wear glasses have never developed these habits. When it comes to eye protection, too often people forget, and safety glasses and goggles grow dusty lying unused.

The most common complaint about eye protection is that it's uncomfortable. That's why such equipment must be carefully fitted. Frames must be light, straight and properly adjusted. The lens size should be correct for the wearer, as should the fit of the bridge of the nose and at the temple.

When your goggles or glasses are dirty, dusty or grimy, they can interfere with your vision - so take time to clean them. Don't touch the lenses with your fingers. Never lay goggles or glasses down so the lenses touch something that could scratch or pit them. Store eye protection so that the lenses will be protected. During hot weather, use a sweatband to help keep perspiration off your goggles. Lens "FOG" problems can be eliminated by using an anti-fog preparation.

Some people complain that goggles give them a headache. Here again, proper fit is important. Be sure goggles are worn correctly. The head strap on cup goggles should be adjusted for just enough tension to hold them securely and should be worn low on the back of the head.

Eye protection is important off the job as well as on the job. Here are some tips you can use both at work and at home. Study the label and instructions for eye protection before using cleaning products, pesticides, and herbicides. Consult the chemical MSDS sheet for Personal Protective Equipment recommended. Be sure nozzles are directed away from you and hoses are in good condition. Wear goggles to protect your eyes when handling acids and caustics. Keep the tools you use in good repair.

Remember, eye injuries are preventable. Take the time to keep your eyes safe on the job and off the job.

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Location: _____
 Date: _____ Time: _____
 Number of employees: _____ Number attending: _____

Record of those attending:

Name: (please print)	Signature:

Other safety issues or suggestions made by employees:

Manager's Remarks: _____

Manager: _____
 (Signature)

Supervisor: _____
 (Signature)