Memorandum

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Date January 4, 2011

To All Concerned

From Ralph H. Dill, Manager, Department of Subways Safety Unit (MOW)

Re SAFETY FOOTWEAR REIMBURSEMENT GUIDELINES

If an employee claims he/she cannot wear NYCT issued safety boots due to medical reasons, the following procedure must be followed, in accordance with MOW Procedure 3.0, Safety Footwear.

Medical Evaluation

 A medical evaluation from the employees' private medical service provider must be obtained on the attached verification form.

 The completed form must be delivered or faxed to MOW Safety West 4th Street Station for approval by Occupational Health Services (OHS).

 OHS will either approve, disapprove, or request the employee to be evaluated at his/her MAC of record. If the evaluation is approved, MOW Safety will be notified by OHS.

Purchase Footwear

MOW will notify the employee to purchase new safety boots. The boots must conform to the following minimum standards:

- Hard (steel or composite) Toe (in accordance with ASTM F2413-05 impact and compression requirements)
- Electrical Hazard Footwear (in accordance with ANSI Z41 requirements)
- Full Grain Leather Uppers (no sneaker-type styles)
- Slip resistant sole (no lug-type soles)
- Metatarsal-guards (Track & SMB titles)

Footwear Approval and Reimbursement

 The new safety boots must be inspected by MOW Safety at the West 4th Street Office before they can be worn, and the previously issued boots turned in.

 The employee must produce an original sales slip to MOW Safety within thirty days after the purchase of the boots to receive a full or partial reimbursement (i.e., 18% above the Transit contract cost for that shoe model). A check will be mailed to the employees' home address.

Direct all questions and concerns to me or M/S-I Ron Camp:

MOW Safety West 4th Street Station Complex NY, NY 10011 (646) 896-8879/80 (voice) (646) 896-8915 (fax)

Attachment



Alternative Safety Boots Medical Verification Form

Employee's Name (print):		Title:		Date:	Date:	
Division Name:		Pass #: Last 4 Digits of SSN: RC:				
Employee's Telephone #: Employee's Signature:						
Supt.'s Office Tele #:		Supt.'s Office E-Mail Add	lress:	Supt.'s Office Physical Addre	ess:	
Supt.'s Office Fax #:						
Medical Verification to Support Use of Alternative Safety Boots (to be completed by Provider only)						
This certifies that———————————————————————has a medical condition which prevents him/her from						
wearing one or more of the following Transit issued safety boots.						
8" high hard-toe (steel)	8" high hard-toe (composite)					
6" high hard-toe (steel)	6" high hard-toe (composite)					
Medical Condition						
Mill	Please mark the area on the picture that corresponds to the patient's condition.					
	Describe the patient's medical condition:					
Explanation of problem and how it prevents patient from wearing NYCT issued safety boots:						
NYCT employees must wear safety boots that comply with OSHA standards.						
Physician/Podiatrist Signatu Address:	ure	Physician/Podiatrist Sta	nmp	Tax ID #		
Official Use Only:						
Occupational Health Services: Approved* Disapproved MAC Visit required next business day. Comments: Bring a completed G-46 and this form. * Alternate Safety Boot recertification is required:						
Date (month/year)						
MAC Physician (signat	ure)	MAC Physician (print n	ame)	Date		
Rev. 12/20/10. Consider requests	1:6t1:6-	th- MACithi th (2) hi	as dorra often			