

# Safety Boot Policy

## Purpose

For those positions determined to need safety boots for the safe performance of their job, the City will pay the cost of OSHA-approved footwear, up to \$250 annually for full- and part-time regular employees, as well as paid on-call firefighters. For seasonal employees, the annual reimbursement will be for up to 50% of the actual cost of the boots, not to exceed \$125 annually. Boots will be replaced no more often than once per year. If safety boots are determined necessary for the position, the employee is required to wear them.

## Protective Footwear Selection

- I. Employees shall select and wear properly fitting protective footwear when deemed appropriate and under all circumstances necessary to prevent or reduce the severity of foot-related injuries. See below for job classifications that are required to wear protective footwear.
- II. Employees required to wear protective footwear shall select from models certified to comply with ASTM 2413-13 (American Society of Testing Materials) standards.
- III. Employees who are not required to wear protective footwear are still required to wear footwear that is appropriate for their job tasks.
- IV. All new employees, including seasonal employees: As a condition to the beginning of work, employees required to wear protective footwear shall be wearing footwear in compliance with this policy. Supervisors are responsible for enforcing this requirement.

## Protective Footwear Purchasing Options

- I. Employees must purchase their footwear with their own funds. In order to be reimbursed for the purchase, the employee must provide their supervisor with:
  - a. The sales receipt; and
  - b. The ASTM F2413-13 certification tag or a photo of it; and
  - c. The completed *Purchase Reimbursement form*
- II. All foot protection must:
  - a. Comply with and be properly labeled to reflect the ASTM F2413-13 standard. The identification of the ASTM 2413 standard is:  
Line 1 – ASTM F2413-13 (the F2413 identifies the ASTM Standard and the “13” signifies the year of the standard)

Line 2 – F (Female) or M (Male) and I/75 (Impact safety-toe protection) and C/75 (Compression safety-toe protection)

Line 3 – Used to reference additional protective features. They should appear in the order they appear in the standard (i.e., MT, CD, EH, SD, PR)



- III. Comply with the following ASTM F2413 protective standards:
  - a. **I** – Impact resistant when subjected to a force of 75 lbf.
  - b. **C** – Compression resistant when subjected to a compressive force of 2500 lbf.
  - c. **EH** – Electrical Hazard protection. Has soles and heels which are non-conductive electrical shock resistance.
  
- IV. Foot Protection must:
  - a. Always be worn while performing work.
  - b. Fit securely with no loose fabric or laces.
  - c. Be in good repair:
    - i. Steel toe must not be exposed

- ii. Tread must not be worn down on the bottom of the boot.

### **Replacement of Damaged Protective Footwear**

Should an employee's protective footwear become damaged while performing their job duties, the employee would be eligible for replacement footwear provided that the immediate supervisor determines the footwear was damaged while performing their assigned work duties. See *Replacement Authorization form*. The replacement form must be approved before the employee can purchase replacement footwear. Once approved, the employee can purchase and then complete the reimbursement form. Employees must use their own funds to purchase footwear.

## Positions Required to Wear Safety Boots

### Parks & Recreation Department

Parkkeeper  
Forester/Parkkeeper  
P & R Maintenance & Operations Supervisor  
Arena Manager  
Arena Supervisor  
Parks Summer Staff  
Arena Attendant

### Fire Department

Firefighter/Paramedic  
Fire Inspector  
Fire Marshal  
Fire Chief  
Assistant Fire Chief  
Paid On-Call Firefighter/EMT

### Public Works Department

Public Works Operator  
Public Works Senior Operator  
Heavy Equipment Operator  
Light Equipment Operator  
Maintenance III  
Mechanic/HEO  
Assistant City Engineer  
Engineering Tech  
Principal Engineer  
Public Works Superintendent  
Public Works Maintenance Supervisor  
Public Works Summer Staff

### Administration

Facilities Manager

### Community Development Department

Building Official  
Building Inspector

## Protective Footwear Purchase Reimbursement Form

**Instructions:** This *Purchase Reimbursement Authorization* form is required to be completed anytime an eligible employee purchases protective footwear with their own funds.

When completed, submit this form to Human Resources.

I \_\_\_\_\_, have attached a copy of the following:  
(print employee name)

1. Sales receipt for protective footwear.
2. Certification tag or photo of certification tag documenting that the footwear meets the ASTM F2413-13 standards.

The document listed above is required; without proper documentation, reimbursement will not be approved.

I certify that the attached documentation is for the footwear I am required to wear in compliance with the Safety Boot Policy, and that the footwear will be worn and maintained according to the manufacturer's instructions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by Human Resources***

Approved  Declined Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Replacement Authorization Form Damaged Footwear While Performing Job Duties**

**Instructions:** This Replacement Authorization form is required to be completed by the employee and their supervisor in order for an employee to be eligible for protective footwear replacement and purchase reimbursement.

Supervisors are responsible for verifying employee eligibility for protective footwear replacement due to damage.

When completed, submit this form to Human Resources. This completed form is required before reimbursement for purchasing replacement protective footwear by the employee or the supervisor can be processed.

I \_\_\_\_\_, hereby certify that I have inspected the protective footwear of  
(print supervisor name)  
\_\_\_\_\_ and determined that:  
(print employee name)

Check the appropriate box:

- The damage and/or excessively worn protective footwear is not due to employee performance on the job and is not eligible for replacement.
- The damage and/or excessively worn protective footwear is due to employee performance on the job and is eligible for replacement.

**Approved by:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be completed by Human Resources***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Job Hazard Assessment (JHA) Foot and leg Injuries

**Instructions:** This form is to be completed by the supervisor with employee involvement to assess the workplace to determine if there is a reasonable danger of foot injuries. For record keeping, all completed JHAs are to be forwarded to the Human Resources.

Dept/Unit	Job Classification	Date	Employees <small>(Employees involved in evaluation)</small>
<b>Summarize Job Duties:</b>			
<b>List Essential Functions of Job:</b>			
<b>Hazard Assessment</b>			
<b>Yes</b>	<b>No</b>	<b>Type of Hazard</b>	<b>If yes, describe the job task</b> <small>Example: Hot/wet surfaces like blacktopping, slippery surfaces like culvert replacement</small>
		Heavy objects such as barrels or tools that might roll onto or fall on employee's feet?	
		Sharp objects such as nails or spikes that might pierce the soles or uppers of ordinary shoes?	
		Molten metal that might splash on feet or legs?	
		Hot or wet Surfaces?	
		Slippery surfaces?	
		Potential for electrical hazards?	
		Does the job classification work outside when temperatures are below 30°? What length of time?	
<b>Other items to consider and/or comments:</b>			
<b>Supervisor Signature</b>		<b>Date</b>	