

## Protective Footwear Policy

**Scope:** Citywide

### Policy Contact

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### Regulatory References

American Society for Testing and Materials F2413

### Effective Date:

December 12, 2018

## **POLICY STATEMENT**

This policy establishes guidelines for authorized purchases and use of protective footwear for all personnel required to wear protective footwear as personal protective equipment (PPE) during the performance of their regular job duties.

### **I. SCOPE**

This policy applies to all City of Sacramento employees who perform their regular job duties in areas where protective footwear is required, and are covered under the memorandum of understanding (MOU) for the following recognized employee organizations:

1. Plumber and Pipefitters Union, Local 447;
2. Sacramento-Sierra Building and Construction Council;
3. International Association of Machinists and Aerospace Workers; and
4. Auto, Marine and Specialty Painters, Local 1176;

Note: Temporary and Contract employees are not covered under this policy.

### **2. PROTECTIVE FOOTWEAR CRITERIA**

The City understands that proper fit is vital to an employee's safety and comfort and there are a wide variety of styles in protective footwear available to accommodate personal preference. However, protective footwear must be appropriate for the job and work tasks performed. Protective footwear for employees shall meet the requirements and current specifications in American Society for Testing and Materials F2413 (Standard Test Methods for Foot Protection and Standard Specification for Performance Requirements) for Foot Protection which are approved by the CalOSHA Code of Regulations and/or the Federal Labor Code standards, whichever is more consistent with current industry standards. Examples of protective footwear include, but are not limited to, steel or composite material toecaps to protect against a crush hazard from falling or rolling objects, and/or a steel midsole to protect against punctures. Appropriate foot protection shall be required for employees who are exposed to foot injuries from: electrical hazards; hot, corrosive, or poisonous substances; falling objects; and/or crushing or penetrating hazards, which may cause injuries or who are required to work in abnormally wet locations.

Footwear that is defective or inappropriate to the extent that its ordinary use fails to prevent the possibility of foot injuries shall not be worn.

### **3. OBTAINING PROTECTIVE FOOTWEAR**

Each employee shall be allowed to purchase protective footwear up to the maximum dollar amount authorized by their respective MOU.

#### **4. MEDICALLY NECESSARY SPECIAL ORTHOPEDIC NEEDS**

When an employee's medical needs prevent the use of standard commercially available protective footwear the employee must:

- a. Provide a written statement from a physician, which will remain in the employee's division file, outlining the employee's need for a special order of protective footwear.
- b. Consult their respective MOU to determine the maximum dollar amount authorized.

#### **5. VENDOR**

The City shall establish a purchase order account with a vendor(s) for employees to obtain the appropriate protective footwear required for the performance of their job duties. Employees must obtain written authorization from their supervisor before going to the vendor to obtain their protective footwear.

#### **6. RESPONSIBILITIES**

- a. Department- Must track the employees footwear purchases and ensure payment of invoices.
- b. Supervisors- Complete the top section of the protective footwear authorization form and provide to eligible employees. Supervisors must ensure protective footwear are being worn by employees where required.
- c. Employees- Must provide protective footwear authorization form to an approved vendor and have vendor complete the bottom section of the form. Employees shall return the form and receipt to their supervisor or designee for processing. Employees will be responsible for the care and maintenance of their protective footwear.

#### **7. POLICY COMPLIANCE**

Employees will be responsible for wearing the appropriate level of protective footwear during working hours. Failure to adhere to this policy may be cause for discipline, up to and including termination.

## Protective Footwear Authorization Form

Date:

\_\_\_\_\_

Employee ID #:

Employee Name:

Department ID:

Position:

Union:

Amt. Approved: \$

PO#:

\_\_\_\_\_ Supervisor Name

Supervisor Signature \_\_\_\_\_

(must be signed prior to purchase)

### TYPE OF PROTECTIVE FOOTWEAR

Work Shoe/Boot     Electrical Non-Conductive     Other (Inserts or Repairs): \_\_\_\_\_

\*Eligible Footwear labeled as "Complies with (or Conforms to) American Society for Testing and Materials (Standard Test Methods for Foot Protection and Standard Specification for Performance Requirements) for Foot Protection which are approved by the Cal OSHA Code of Regulations and/or the Federal Labor Code, whichever is more current to industry standards.

\*Employees may purchase inserts and/or have repairs made to their protective footwear if allowed under the MOU for their union. However, employees will be responsible for the amount which exceeds their fiscal year allowance.

### VENDOR TO COMPLETE

Date:

\_\_\_\_\_

Brand:

Style:

Total Price\$

\_\_\_\_\_

\*The protective footwear provided to the above employee meets or exceeds the above listed criteria.

Vendor Name:

Vendor Representative \_\_\_\_\_

This completed form, along with receipt of purchase, must be turned into the Department, by the employee within five (5) business days of purchase.

Department Representative:

Date:

\_\_\_\_\_

\_\_\_\_\_

City of  
SACRAMENTO

**Charter Officer Review and Acknowledgement  
Signing Authority Policy**



**City Manager**



**City Attorney**



**City Clerk**



**City Treasurer**