

Safety Shoe Program

Foot Protection - (OHS 1910.136, Occupational foot protection.) Safety shoes or boots, with impact and compression protection, are required for operations where employees, who make field inspections, (1) are exposed to conditions which may cause foot injuries, (2) where objects, tools or materials could be dropped onto, or (3) heavy materials or equipment could roll over an employee's foot. Shoes or boots with slip-resistant or oil-resistant soles shall be worn in areas subject to wet or oily surfaces. All protective footwear shall comply with ASTM F 2413-05 or ANSI Z41 Class 75, American National Standard for Personal Protection - Protective Footwear.

Employees whose job requires safety shoes may purchase them from approved vendors.

Burroughs Safety Shoe, Inc.
Lehigh Safety Shoe Co.
Iron Age Corporation
Red Wing Shoe Store
Saf-Gard Safety Shoe Co.
Whit-Millers Shoe Store
Firetower Work Shoes
Tetterton's Shoe Shop

NC DENR Air Quality has authorized employees to purchase safety shoes using an optional one-year or two-year purchase plan.

1. Shoes purchased under the one-year plan must have an invoice to NC DENR Air Quality for no more than \$80.00. Shoes that retail more than \$80.00 is authorized, but the direct billing to NC DENR Air Quality must be no more than \$80.00 and the employee is billed and responsible for the remaining balance.
2. Shoes purchased under the two-year plan must have an invoice to NC DENR Air Quality for no more than \$160.00. Shoes that retail more than \$160.00 is authorized, but the direct billing to NC DENR Air Quality must be no more than \$160.00 and the employee is billed and responsible for the remaining balance. The employee must also present a NC DENR Air Quality authorization letter (see page 2) signed by their supervisor.

*Newly hired employees are restricted to the one-year purchase plan during their first year of employment.

Before purchasing your shoes, check with the Safety Officer, john.capers@ncdenr.gov or 919-707-8486, and verify your anniversary purchase date.



North Carolina Department of Environment and Natural Resources

Division of Air Quality

Beverly Eaves Perdue
Governor

Sheila C. Holman
Director

Dee Freeman
Secretary

Date: _____

To: _____
Safety Shoe Vendor

From: _____
Supervisor

This is to authorize _____, to purchase safety shoes
Employee Name

using the optional two-year purchase plan. Safety shoes must comply with ASTM F 2413-05 or
ANSI Z41 Class 75. Direct billing to NC Division Air Quality for no more than \$160.00 is
authorized.

Signed