

# STATE OF HAWAII - EXECUTIVE BRANCH SAFETY SHOE ALLOWANCE PURCHASING GUIDELINES AND INSTRUCTIONS

## **GENERAL GUIDELINE INFORMATION:**

The allowance is to provide employees with safety shoes as identified by the employers' hazard assessment for foot protection. Approved safety shoes will be furnished to employees who are required to wear safety shoes thereby eliminating or reducing the severity of workplace foot injuries in accordance with Federal, State, or Local safety laws, rules, and regulations.

**General requirements:** The employer must assess the workplace to determine if hazards are present or are likely to be present which necessitate the use of personal protective equipment (PPE). As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment for foot protection must be certified utilizing Attachment A, Hazard Assessment Certification for Foot Protection.

**Foot and leg protection:** Foot and leg protection includes protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, and electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.

**Shoe manufacturing standards:** The criteria for protective footwear must comply with any of the following consensus standards: ASTM F2412-2005, "Standard Test Methods for Foot Protection", and ASTM F2413-2005, "Standard Specification for Performance Requirements for Protective Footwear", ANSI 241- 1999, "American National Standard for Personal Protection - Protective Footwear", or ANSI 241-1991, "American National Standard for Personal Protection - Protective Footwear," as referenced in 29 CFR 1910.136(b).

## **RESPONSIBILITIES:**

**Department of Accounting and General Services (DAGS):** DAGS oversees the application of the program with respect to purchasing rules and disavow payment of purchases not complying with this program.

**Departments and Agencies of the Executive Branch:** All departments and agencies of the Executive Branch ("Departments") that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. Departments are also tasked to provide applicable reports and data which will be used for determining fiscal guidelines for continuous program improvement for state purchases of protective footwear. Department work unit responsibilities include:

**Manager:** The manager determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, provides employees a copy of hazard assessment form (Attachment A), instructs employees on how safety shoes are obtained under the program, obtains authorization for the safety shoes allowance (Attachment B), and trains employees on Occupational Safety Health Administration's (OSHA) PPE and program requirements.

**Employee:** The employee shall wear foot protection when the employer determines it is required. The employee obtains a completed Safety Footwear Purchase Authorization (Attachment B) form from the employer, shops for the safety shoes on their own time, selects the proper type of foot protection, and has the vendor complete Part 4 of the form. If purchase is made on-line, the supervisor must certify that the selected shoe meets the hazard assessment requirements for the employee's position. If the shoe style and size is available, the employee may contact his/her employer to purchase the shoes using their Peard or place an order for the shoes using a purchase order. The employee is responsible for informing the manager when his/her safety shoes are worn, defective or damaged, and require replacement.

**Department Human Resources Officer or designee:** When an employee has a medically certified condition, the Department Human Resources Officer ("HAO") or their designee shall provide the employee with a Physician's Certification Form (Attachment C) for safety shoes. The employee's physician must provide details of what shoe features the employee would need to obtain the required foot protection (e.g. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.) for an accommodation.

**Department of Human Resources Development (DHRD):** DHRD coordinates the statewide implementation of the program for Departments, initiates change as appropriate, and coordinates program provisions with applicable employee organizations. DHRD provides training to Department managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

**Vendors:** Safety shoes can be purchased from any vendor but safety shoes that are purchased must meet ASTM or ANSI standards as referenced in 29 CFR 1910.136(b), per OSHA rules.

Vendor will assist Department employees in obtaining the proper type of shoes, ensure that the shoes the Department employee selects fits properly and will contact the employer when an employee with medical or physical anomalies is unable to obtain the required foot protection.

## **REQUIREMENTS:**

1. When a requirement for foot protection is determined, proper foot protection shall be provided by the employer and shall be worn by the employee.
2. If Safety footwear is damaged while being worn and in the performance of the employee's work due to manufacturer's defects, in accordance with the employee's respective applicable bargaining unit contract provisions, the employer shall seek repair or replacement by the vendor. If there is no such provision in the contract for replacement of safety footwear, then the employer shall determine when appropriate.
3. Safety footwear shall be replaced at the expense of the employee if it is lost, stolen, or damaged while not being worn or not in the performance of state work (see applicable collective bargaining provisions).
4. When an employee transfers, terminates, or retires, the employee shall return to the employer, any special outer attachments that may have been issued, such as spats, metatarsal guards, instep guards, etc.
5. Employees shall give reasonable notice to their employer when requesting a replacement safety footwear to allow for purchasing, delivery, or pick up.
6. Replaced safety footwear shall become the property of the employee and shall not be worn at work provided that the employer shall have the option to place on it a distinctive mark.
7. Medical accommodations must be certified by the employee's physician. The executed Physician's Certification Form (Attachment C) shall contain information justifying the accommodation and be submitted for review and approval by the employer's human resources officer or designee.

**NOTE:**

- a. Medical waivers for safety footwear are not acceptable except for temporary conditions as certified by the employee's physician.
- b. Medical information is confidential and shall be transmitted on a need to know basis only. Medical information shall be maintained in a separate confidential file.

## **STATE OF HAWAII - EXECUTIVE BRANCH INSTRUCTIONS TO PURCHASE SAFETY SHOES**

The requirement to provide safety footwear is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invoke different work requirements or procedures, or there is an increase in the occurrence of foot injuries. A hazard assessment is mandated under OSHA standards.

### **HAZARD ASSESSMENT:**

The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. Hazard assessments should be an on-going process to eliminate or mitigate identified hazards in the workplace. The foot protection purchasing guidelines (i.e. hazard assessment requirement, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, changes in the workplace or assignment that require a specific type of foot protection.

To comply with OSHA standards, a written certification of hazard assessment must be completed whenever personnel protective equipment is provided. The certification of hazard assessment must contain at a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the assessment
4. Dates of hazard assessment

For Departments and Agencies of the Executive Branch, a copy of the completed Hazard Assessment Certification for Foot Protection (Attachment A), must be provided to your Departmental Human Resources Officer and the DHRD Safety Office upon completion. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The Hazard Assessment Certification for Foot Protection form and instructions on how to complete the form are attached as Attachment A. After the hazard assessment is completed, the supervisor/manager completes the Safety Footwear Purchase Authorization form (Attachment B).

### **AUTHORIZATION TO PURCHASE:**

After completion of the Hazard Assessment Certification for Foot Protection form (Attachment A), the following is the process to complete the authorization to purchase:

1. The manager or supervisor completing the hazard assessment transfers the appropriate data from the Hazard Assessment Certification for Foot Protection form (Attachment A) to the Safety Footwear Purchase Authorization form (Attachment B) by completing:
  - a. Part 1 - Identifying information for employee purchasing safety shoes.
  - b. Part 2 - Identifying the type of foot protection required of the position and allowable amount based on Safety Shoe Allowance Chart (Attachment D).
  - c. Part 3 - Routes Safety Footwear Purchase Authorization Form for approval of purchase.
  - d. Gives employee a copy of the completed Hazard Assessment Certification for Foot Protection form (Attachment A) and Safety Footwear Purchase Authorization form (Attachment B) and instructs employee to go to any vendor to purchase shoes.
  - e. Part 4 - Once the employee chooses the safety toe shoes, the vendor signs off on Part 4 of the Safety Footwear Purchase Authorization form (Attachment B). If employee is purchasing safety toe shoes online, the supervisor or supervisor's designee must certify that the safety toe shoes selected meets the hazard assessment requirements for the employee's position before purchasing the selected safety toe shoes.
  - f. The cost of the safety shoes shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee up to the approved allowance amount for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost in excess of the applicable allowance.
  
2. If an employee has a medically certified condition, the manager or supervisor shall complete Part 1 and Part 2 of the Safety Footwear Purchase Authorization Form and give employee a copy to take to their Human Resources Officer to obtain a Physician's Certification Form for Safety Shoes (Attachment C).
  - a. The employee submits completed Physician's Certification Form to their Human Resources Officer ("HRO") or designee.
  - b. HRO or designee reviews Physician's Certification Form. If the request for an accommodation is approved, HRO or designee shall complete Part 3 of the Safety Footwear Purchase Authorization form, route to appropriate offices for completion of Part 3 and directs employee to purchase identified personal protective footwear.
  - c. If request for an accommodation is denied, HRO or designee is to provide a written notice to the employee with explanation for denial.

3. All employers are encouraged to utilize the P-card to purchase safety shoes.
4. Departments and Agencies of the Executive Branch, please complete the quarterly Safety Shoe spreadsheet and email to [dhrd.safety.rtw@hawaii.gov](mailto:dhrd.safety.rtw@hawaii.gov) by the 5<sup>th</sup> of month following the end of the quarter.

**State of Hawaii - Executive Branch  
HAZARD ASSESSMENT CERTIFICATION FOR FOOT PROTECTION**

Department: \_\_\_\_\_  
\_\_\_\_\_

Position Title of Employee: \_\_\_\_\_  
\_\_\_\_\_

Division/Branch \_\_\_\_\_

Position Number: \_\_\_\_\_

Baseyard: \_\_\_\_\_

Evaluated By (Print Name:): \_\_\_\_\_

Work Unit: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Location (island, city): \_\_\_\_\_

Duties: **D** Mostly outdoors; **D** Mostly indoors

Task, Activity, Hazard Source	Assessment of Hazard	Protection
Type of foot protection required for tasks shown above:		

Base:  Impact/compression (I/C)  
 Electrical (EH)  
 Puncture Resistant Sole (**PR**)

Additional **Required** Features:

Slip resistant  
 Heat resistant (soles)  
 Chemical resistant  
 Fire resistant (welding)  
 Water resistant or **D** Waterproof  
 Metatarsal Protection (MT)  
 Other \_\_\_\_\_

Height: (Check only one)  Low cut  High cut 6" \_\_\_ ; 8" \_\_\_ ; **Other** \_\_\_

Person certifying assessment: \_\_\_\_\_  
 Print Name (if different from above)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Copy to: **DHRD Safety Office; email to hrdsafety@gmail.com**  
**Departmental Human Resources Officer**

# Instructions to Complete the Hazard Assessment - Foot Protection Form

Occupational Safety and Health (OSH) rules require employers to identify hazards in the workplace that cause or are likely to cause employee injuries or illness. The personal protective equipment (PPE) revision focuses on eye and face, head, foot, and arm protection. Although the process contained herein addresses foot protection, the basic hazard assessment process can be used for other areas. However, OSH rules emphatically state that PPE should not be used as a substitute for engineering, work practices, and/or administrative controls. PPE should be used in conjunction with these controls to provide employee safety and health in the workplace.

A general five step procedure that is effective and not overly burden-some can be used to complete the requirements. The Hazard Assessment Certification for Foot Protection form facilitates the process. The steps are:

1. Complete the location demographics section of the form. The rules call for assessment of a particular type of work activity at a given location. The assessment cannot be of all positions (or work duties) of a baseyard or department island or statewide. An assessment of same positions that have identical duties and responsibilities at a specific baseyard is permissible.
2. Perform assessment by initiating a walk-through of the work site in order to identify tasks (column 1) with potential sources of injury such as: carry 45 pound boxes, roll/move 55 gallon drums, repair/install junction boxes, inspect construction sites, clean animal shelters or mowing grass in open fields. List all tasks that indicate a source of potential foot injury.

In column 2 indicate the corresponding hazard from column 1, such as: crush feet, crush feet/smash toes, electrical shock, smash feet/sole puncture, animal fecal infection/slippery/continuous wet feet and impact/flying rocks. (Crush/smash feet potential would indicate a need for metatarsal foot protection.)

3. For column 3, review data of each hazard (in column 2) to determine the type of foot protection required. For example, should the hazard potential be electric shock, the foot protection required is electric resistance shoes. If glass and nails is identified as the hazard, puncture resistant shoes would be required.
4. Transpose hazard assessment data from the table to determine what boxes to check off for the base type of foot protection, shoe height, and additional required shoe features. For the section labeled "Base," check only the boxes related to the required protection as listed in column 3. For the section labeled "Height," mark only one box. If the shoe height required for your position is not listed, check "Other," and write in the required height needed. If the position requires additional foot protection as listed in column 3, specify additional foot protection requirements by checking the additional protection as required. Where requirements are not readily listed on the form use the "Other " segment of the form to list the protection required.
5. Complete certification requirements by printing the name of evaluator, and with the evaluator signing and dating the form. Identify on the price list the shoe vendor and shoe model(s) that meet the certification requirements. Transpose applicable data to the Safety Shoe Purchase Authorization form.

**STATE OF HAWAII- EXECUTIVE BRANCH  
SAFETY FOOTWEAR PURCHASE AUTHORIZATIONFORM**

**Attachment B**

**Part 1: EMPLOYEE INFORMATION**

Dept.: \_\_\_\_\_ Division: \_\_\_\_\_ Island: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Employee: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Baseyard: \_\_\_\_\_ Position Title: \_\_\_\_\_

<b>Part 2: APPROVED COST ALLOWANCE FOR PROTECTIVE FOOTWEAR FOR EMPLOYEE'S POSITION</b>	<b>Part 4: REQUESTED FOOTWEAR</b>
Type of foot protection required: See attached Hazard Assessment Certification for Foot Protection form (Attachment A)	<b>VENDOR:</b>
Allowance Amount based on Safety Shoe Allowance Chart:	<b>BRAND:</b>
The cost of the safety shoes shall be paid by the Employer through PCard, Purchase Order, or reimbursement to Employee up to the approved allowance amount (which includes shipping costs or costs of returns) for the identified type of foot protection. If the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for the cost in excess of the applicable allowance.	<b>STYLE: _____ SIZE: _____</b>
	<b>ADDITIONAL COST (if any): _____</b>
	<b>VENDOR CERTIFICATION:</b> I certify that the safety shoes provided meets the hazard assessment requirements of the employee's position.
	Vendor Representative Signature _____ Print Name _____
	<b>SUPERVISOR CERTIFICATION (for online purchases):</b> I certify that the safety shoes listed above meets the hazard assessment requirements of the employee's position.
	Supervisor or Designee Signature _____ Print Name _____

**Part 3: APPROVAL TO PURCHASE SAFETY FOOTWEAR**

ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated on Attachment A. The allowable cost of the protective footwear shall be paid by the Employer as described in Part 2 above and if the employee chooses to purchase safety shoes that exceed the applicable allowance, the employee shall be responsible for any amount exceeding the allowable cost of the protective footwear.

**APPROVAL OF DIVISION/BRANCH CHIEF/OR MANAGEMENT REPRESENTATIVE:**

\_\_\_\_\_  
 PRINT NAME SIGNATURE  
 \_\_\_\_\_  
 POSITION TITLE DATE

**APPROVAL OF SAFETY OFFICER OR PERSON WHO CONDUCTED HAZARD ASSESSMENT:**

\_\_\_\_\_  
 PRINT NAME SIGNATURE  
 \_\_\_\_\_  
 POSITION TITLE DATE

**ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE)**

Email copy to DHRD Safety Office (hrdsafety@gmail.com) and Departmental Human Resources Office

Revised July 30, 2019



**STATE OF HAWAII- EXECUTIVE BRANCH  
PHYSICIAN'S CERTIFICATION FORM  
FOR  
SAFETY SHOES**

**Background information:** The State of Hawaii Executive Branch Agencies, "Employer" provides personal protective footwear (i.e. safety toe shoes) through an agreement with the Employee Union to State employees who are required to wear safety shoes as identified by the employers' hazard assessment for foot protection (attached). The employee is required to wear personal protective footwear as determined by the employer. Your patient identified below is required to wear safety shoes and is requesting a medical accommodation because of a medical condition. Please complete this certification form and identify what your patient can wear to comply with the employer's requirements.

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**Part 1:** To be completed by Department's Human Resources Office

EMPLOYEE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
 JOBTITLE: \_\_\_\_\_ DIVISION: \_\_\_\_\_  
 BRANCH: \_\_\_\_\_ ISLAND: \_\_\_\_\_ PHONE: \_\_\_\_\_

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**Part 2:** To be completed by Department's Human Resources Office  
**APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)**

SAFETY SHOE FEATURES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Part 3:** To be completed by employee's physician

**REASON FOR REQUESTING ACCOMMODATION:**

\_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety shoes with wider toe box, padded toe collar, etc.):**

\_\_\_\_\_  
 \_\_\_\_\_

PHYSICIAN: (PRINT) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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**REVIEWED AND APPROVED BY:** \_\_\_\_\_

DEPT. HUMAN RESOURCES OFFICER OR DESIGNEE

DATE

## ***ATTACHMENT D***

### **Safety Toe Shoes Allowance Levels** Bargaining Units Other than BU 01

#### **Level 1: \$131**

Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

#### **Level 2 \$164**

All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

#### **Level 3 \$200**

All of Level 2 and Puncture Resistant

Effective August 15, 2019

## ***ATTACHMENT D***

### Safety Toe Shoes Allowance Levels BU 01 Only

#### **Level 1: \$150**

Abrasion Resistant, Chemical Resistant, Impact and Compression, Non-Marking Outsole, Oil Resistant, Slip Resistant, Waterproof

#### **Level 2 \$200**

All of Level 1 (except Non-Marking Outsole) and Electrical Hazard Protection, Heat Resistant, Lug Soles, Water Resistant

#### **Level 3 \$230**

All of Level 2 and Puncture Resistant

Effective January 1, 2026