

SAFETY SHOE VOUCHER



PALM BEACH COUNTY

TO BE COMPLETED BY SUPERVISOR

Employee to present to Shoe Vendor

Employee Name (print): _____

Department Ordering: _____

D.O. Number: _____

Consult Job Hazard Assessment for Selection.

Type of Foot Protection

Required (check one) *Steel Toe Shoes* *Steel Toe Boots*

Additional Requirements

(check if required) *Chemical Resistant* *Electrical Hazard* *Static Dissipating*

Slip Resistant Sole *Metatarsal* *Water Resistant*

Supervisor Name: _____

Supervisor Signature: _____ **Date:** _____