

## POLICY AND PROCEDURES

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Policy Number: 600-002  
Policy Owner: HDRS – Operations  
HDRS Cabinet Approval Date:  
Effective Date:  
Renewal for Continuance Date:

Page 1 of 5

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SUBJECT:

### **Footwear Policy**

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#### **Purpose:**

The University of California is committed to providing a healthy and safe working environment for all members of the campus community. The Housing, Dining & Residential Services (HDRS) Operations Unit *Safety and Accident Prevention Program* provides policy and guidelines for footwear requirements by classifications and reimbursement to eligible employees for Personal Protective Equipment (PPE) footwear due to potential work hazards.

#### **Background:**

The University of California Personal Protective Equipment (PPE) policies and the California Division of Occupational Safety and Health (Cal/OSHA), <http://www.dir.ca.gov/Title8/3385.html> and <http://www.dir.ca.gov/Title8/3380.html>, regulatory standards require employees who are exposed to foot injuries to wear appropriate foot protection. The University will ensure that each employee identified in eligible job classifications will wear required footwear when working in areas while performing their job duties.

#### **Policy:**

Housing, Dining & Residential Services will provide an annual monetary reimbursement allowance of up to one-hundred twenty-five (\$125.00) to both full-time and part-time employees in eligible job classifications. Appropriate foot protection shall be required for employees who are exposed to foot injuries from electrical hazards, hot, corrosive, poisonous substances, falling objects, slip and fall hazards, crushing or penetrating actions, which may cause injuries or who are required to work in abnormally wet locations.

1. Eligible employees identified in this policy are required to wear the required footwear while performing their duties. Failure to wear appropriate footwear may be grounds for disciplinary action, up to and including termination.

2. Footwear which is defective or inappropriate to the extent that its ordinary use creates the possibility of foot injuries shall not be worn.
3. Employees are to purchase personal protective footwear that is ANSI Z41 (American National Standards Institute) rated to be worn when the potential for foot hazards exists. F
4. Protective footwear purchased on or before January 26, 2007 shall meet the requirements of either the American Standard for Personal Protection-Protective Footwear, American National Standards Institute (ANSI) Z41-1999, or the American Society for Testing and Materials (ASTM) F2412-05, Standard Test Methods for Foot Protection and ASTM F2413-05, Standard Specification for Performance Requirements for Foot Protection.

Foot hazardous activities can be described as, but are not limited to, the following:

- a. Electrical hazards.
- b. Hot, corrosive and poisonous substances
- c. Falling objects (tools, valves, etc.)
- d. Crushing or penetrating actions
- e. Abnormally wet locations
- f. Rolling objects (pipes, material handling devices, etc.)
- g. Sharp materials at or near floor level
- h. Heavy debris that can be kicked (weights, stock, etc.)
- i. Slip and fall conditions.

#### **APPROVED FOOTWEAR REQUIREMENTS:**

Work-shoes are considered Personal Protective Equipment (PPE), and must have the qualities noted in the Shoe Selection Guide, page 3, in order to be worn / reimbursed for work activities based upon trade / work duty hazards. Work shoes selected are to be based upon the minimum requirements of your trade / work duty hazards. All shoes selected must be certified by their manufacturer to meet the ANSI z41.1, ASTM F2412-05 and ASTM F2413-05. Any exceptions must be approved / documented by your Supervisor on a case-by-case basis.

The Shoe Selection Guide, page 3, of occupations for Zone Mechanics (A and B), Trade Specific Mechanic (A and B), Building Maintenance, Custodial, Grounds, Laborers and HVAC which foot protection shall be routinely considered include, but are not limited to:

<b>SHOE SELECTION GUIDE - MEETS ANSI Z41.1, ASTM F2412-05 and ASTM F2413-05</b>						
<b>CLASSIFICATIONS</b>	<b>TITLE CODE</b>	<b>Non-Slip Sole General Work Shoe/Boot</b>	<b>Ankle Support At least 6" up to 12" high</b>	<b>Protective Type Steel/Composite Toe</b>	<b>Water Resistant Proof Used in wet areas</b>	<b>Electrical Hazard Non-conductive sole</b>
<b>BUILDING MAINTENANCE</b>						
		REQUIRED	REQUIRED	STEEL/COMPOSITE REQUIRED	RECOMMENDED	RECOMMENDED
Building Maintenance, Supervisor	8208					
Building Maintenance, Lead	8211	X	X	X	X	X
Building Maintenance Worker Sr.	8212	X	X	X	X	X
Building Maintenance Worker	8213	X	X	X	X	X
<b>FACILITIES</b>						
		REQUIRED	RECOMMENDED	STEEL/COMPOSITE RECOMMENDED	N/A	N/A
Storekeeper, Lead	5061					
Storekeeper, Senior	5062	X	X	X	X	X
Stores Worker	5063	X	X	X	X	X
Storekeeper	5064	X	X	X	X	X
<b>GROUNDS</b>						
		REQUIRED	REQUIRED	STEEL/COMPOSITE RECOMMENDED	REQUIRED	RECOMMENDED
Grounds Supervisor, Senior	8130					
Grounds Supervisor	8131	X	X	X	X	X
Groundskeeper, Lead	8132	X	X	X	X	X
Groundskeeper	8134	X	X	X	X	X
Grounds Equipment Operator	8133	X	X	STEEL/COMPOSITE REQUIRED	X	X
<b>LABORERS</b>						
		REQUIRED	RECOMMENDED	STEEL/COMPOSITE REQUIRED	N/A	N/A
Laborer, Supervisor	8072					
Laborer, Lead	8075	X	X	X	X	X
Laborer	8076	X	X	X	X	X
<b>HVAC</b>						
		REQUIRED	REQUIRED	COMPOSITE REQUIRED	RECOMMENDED	REQUIRED
Lead Maintenance (B)	8164					
Lead Maintenance (A)	8165	X	X	X	X	X
Maintenance (B)	8166	X	X	X	X	X
Maintenance (A)	8167	X	X	X	X	X
Physical Plant Specialist	8175	X	X	X	X	X
Building Systems Specialist	8206	X	X	X	X	X

SHOE SELECTION GUIDE - DOES NOT MEET ANSI OR ASTM STANDARDS FOR FOOT PROTECTION						
CLASSIFICATIONS	TITLE CODE	Non-Slip Sole General Work Shoe/Boot	Ankle Support At least 6" up to 12" high	Protective Type Steel/Composite Toe	Water Resistant Proof Used in wet areas	Electrical Hazard Non-conductive sole
<b>CUSTODIAN</b>						
		REQUIRED SLIP RESISTANT BOOTIES	N/A	N/A	REQUIRED	N/A
Custodian Supervisor, Principal	5110					
Custodian Supervisor, Senior	5111	X	X	X	X	X
Custodian, Supervisor	5112	X	X	X	X	X
Custodian, Lead	5113	X	X	X	X	X
Custodian, Senior	5116	X	X	X	X	X
Custodian	5117	X	X	X	X	X
Custodian, Supervisor, Asst.	5119	X	X	X	X	X

**REIMBURSEMENT PROCEDURE:**

**Employee:**

1. The employee selects the work shoes based upon the minimum requirements of their work duty, (See Approved Footwear Requirements and Shoe Selection Guide).
2. Submits the Footwear Purchase Reimbursement Authorization to their supervisor with the original purchase receipt and Shoe Tags showing ANSI or STM specifications, except for required slip resistant shoes that do not meet the ANSI or ASTM standards

**Supervisor:**

1. The supervisor reviews the shoe specifications to determine if the shoes meet the ANSI requirements/rating listed under Shoe Requirements for Approved Footwear.

Upon verification of the ANSI requirements, the supervisor approves (signs) the Shoe Purchase Reimbursement Authorization and submits it to the HDRS Business Processing Center. If the shoes do not meet specifications, the request for reimbursement will be denied and returned to the employee, except for required slip resistant shoes that do not meet the ANSI or ASTM standards.

The Business Processing Center will process the reimbursement request within one week. The employee will be reimbursed through their direct deposit bank account. If the employee does not have a bank account, a check will be issued.

See page 5 - Footwear Purchase Reimbursement Authorization form.

**FOOTWEAR PURCHASE REIMBURSEMENT  
AUTHORIZATION**

**Employee:** Attach your proof of purchase original receipt and shoe specification tags and submit signed form to your Supervisor for approval.

\_\_\_\_\_  
Employee Name – Print Date

\_\_\_\_\_  
Employee Name - Signature Date

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**Supervisor:** Please verify the safety shoes purchased comply with the ANSI or ASTM requirements/rating minimum standards for the employee’s classification, except for slip resistant shoes. If the shoes meet approved footwear requirements, sign the form below and submit to Business Processing Center for employee reimbursement of up to one-hundred twenty-five (\$125.00) within one week.

**Supervisor verifies Safety Shoes meet ANSI specifications**    YES     NO

Employees FAU: \_\_\_\_\_  
*Activity*                      *Fund*

\_\_\_\_\_  
Supervisor’s Signature Date

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**HDRS Business Processing Center (BPC) Use Only:**

**Please reimburse employee within one week of receiving the Shoe Reimbursement Form.** The employee will be reimbursed through their direct deposit bank account. If the employee does not have a bank account, a check will be issued.

BPC verifies employee was reimbursed and the following FAU was charged:

FAU: \_\_\_\_\_  
*Activity*                      *Fund*                      *Function*                      *Account #*

Amount Reimbursed: \_\_\_\_\_                      Date: \_\_\_\_\_

Name of BPC Representative: \_\_\_\_\_                      Date: \_\_\_\_\_