


National High Magnetic Field Laboratory Safety Program

TITLE: Footwear Program	SUBJECT: Footwear Requirements and Usage
POLICY NUMBER: SP-7	EFFECTIVE DATE: October 5, 2007
REVISION NUMBER: 001	REVISION DATE: October 31, 2019
ISSUING AUTHORITY: Safety & Admin	APPROVAL: NHMFL Deputy Lab Director
Additional Approval Signatures on Revision and Approval Page	

Overall Mission and Overview:

The National High Magnetic Field Laboratory (NHMFL) Environmental, Health, and Safety (EHS) program's mission is to:

Provide support and guidance to all NHMFL departments with the implementation, maintenance and review of a comprehensive environmental, health, and safety program. The primary goal of the NHMFL EHS program is to control, reduce or eliminate work-related injuries, illnesses, and loss of NHMFL resources.

The NHMFL is charged by the National Science Foundation (NSF) to safely:

- Promote magnet-related research to serve an interdisciplinary scientific user community.
- Provide unique high-magnetic-field facilities through a competitive and transparent proposal review process.
- Advance magnet and magnet-related technology.
- Partner with universities, other national laboratories and industry to enhance national competitiveness in magnet and related technologies.
- Serve the NSF as a prominent example of its successful stewardship of large research facilities.
- Support science and technology education in the United States.
- Increase diversity in the science, technology, engineering, and mathematics workforce.
- Promote collaboration among our three partner institutions: Florida State University (FSU), the University of Florida (UF) and Los Alamos National Laboratory (LANL).



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REVISIONS AND APPROVALS



1.0 PURPOSE:

The purpose of this policy is to establish guidelines for the responsibilities, procurement, and uses of foot protection at the NHMFL.

2.0 SCOPE:

This policy is applicable to all NHMFL personnel, users, visitors, and contractors. All personnel must use protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, or when the use of protective footwear will protect the affected from an electrical hazard, such as a static-discharge or electric-shock hazard, that remains after other necessary protective measures are in place.

3.0 REFERENCES:

OSHA 1910.132 General Requirements

OSHA 1910.136 Foot Protection

[ASTM F2412-11](#) (Standard Test Methods for Foot Protection)

[ASTM F2413-11](#) (Standard Specification for Performance Requirements for Protective (Safety) Toe Cap Footwear)

4.0 ROLES AND RESPONSIBILITIES:

The Supervisor:

Ensuring compliance with this policy and taking appropriate action when their employees are not in compliance.

Being aware of the hazards associated with each of their employee's work tasks.

Initiating a footwear hazard assessment for positions that are exposed to foot related hazards (See Appendix A - Footwear Hazard Assessment Form). Certain positions and departments are already assessed for footwear, see Section 5.0.

Ensuring that any alternative footwear or protective device has been evaluated and approved by the Safety Department, prior to issuance.

NHMFL Employee, User, Visitor, Contractor:

Complying with this footwear program.

Wearing the appropriate **safety shoe** associated with the **task**.

Not abusing or misusing safety shoes purchased by the NHMFL.



Tours given by NHMFL personnel in the DC Magnet Building have an exemption for open toed shoes, provided participants remain in between the yellow lines demarcated in this area. NHMFL personnel who have arranged the tour can always choose a more stringent approach and require close toed shoes.

NHMFL Safety Department

Work with supervisors to purchase new and replace safety shoes and other footwear protection.

Review any requests for footwear submitted through the Footwear Hazard Assessment Form (Appendix A).

Maintain records of all safety shoe purchases.

5.0 FOOTWEAR PROGRAM:

Foot Protection Standard

All safety shoes must meet the appropriate ASTM Standard, unless other standards have been specifically imposed by the Safety Department. Other requirements such as nonconductive, nonskid soles, etc., will be determined by the Safety Department at the request of the supervisor.

Foot Protection Purchasing

Safety shoes will be replaced on an "as needed" basis as determined by the Safety Department. Shoes will not be replaced more frequently than once per calendar year, except in cases of documented on-the-job damage or deterioration.

NHMFL employees requiring safety shoes will be issued a Foot Protection Order Form (Appendix B) authorizing the employee to purchase one pair of safety shoes, up to \$135.00, from a selected, authorized vendor. Any amount over the \$135.00 limit will be the responsibility of the NHMFL employee to pay the difference.

Protective footwear that is lost, misplaced, or for any reason unavailable after issue shall be replaced by the employee and meet the required standards.

Wearing safety shoes or foot protection approved by the Safety Department is mandatory for employees working in departments that have been determined to have foot hazards.



Departments that have mandatory **safety shoe** requirements include:

- Machine Shop
- Facilities
- Safety
- Resistive Magnet Shop
- Operations
- User Support
- Receiving

All other department supervisors are required to submit a Footwear Hazard Assessment Form (see Appendix A) for their employees.

Footwear Protection Required Areas

The following areas require **closed toed** shoes:

- DC Magnet Building
- Machine Shops
- Plant Areas
- Electrical Room
- Laboratory areas that use hazardous chemicals

Persons wearing opened toed shoes will be asked to leave the area(s) until they have the proper footwear.



APPENDIX A - FOOTWEAR HAZARD ASSESSMENT FORM

Date _____ Employee _____

Prepared by: _____ Job Classification Reviewed: _____

Area of Hazard Assessment: _____

PPE REQUIREMENTS:

Identify and check the hazards that are encountered when performing your type of work.

Hazard Protection

- _____ Falling or rolling objects
 - _____ Reinforced impact-resistant toes or metatarsal foot guards
 - _____ Punctures ___ Metal insoles or _____ reinforced soles
 - _____ Electrical shock or burns
 - _____ Metal – free footwear
 - _____ Wet floors ___ Rubber type boots/ leather shoes with special soles
 - _____ Hot floors ___ Heat-resistant soles
 - _____ Hot metal splashes or welding sparks _____ Removable over-the-ankle spats
 - _____ Any other major foot hazard, please list:
- _____
- _____
- _____

I certify that the above inspection was performed to the best of my knowledge and ability, based on the hazards identified.

(Supervisor Signature) (Date)

(Safety Reviewed) (Date) Approved / Disapproved



APPENDIX B - FOOTWEAR PROTECTION PURCHASE FORM

Date _____ Employee _____

Job Title:

Area of Hazard Assessment:

Hazard Assessment: Please check the hazards that are encountered performing your type of work -- this will identify the PPE required.

Hazard Protection:

- IMPACT/COMPRESSION (Protective steel toe or composite toe)
- ELECTRICAL HAZARD (Shock or burn protection)
- PUNCTURE RESISTANT (Protects the soles from puncture)
- METATARSAL (Top of foot are protected from drop hazards)
- WORKING NEAR HIGH MAGNETIC FIELDS (Composite toe ONLY)
- OTHER FOOT HAZARD: _____

This employee is authorized by the NHMFL Safety Department to purchase one pair of safety boots.

_____ Date _____
NHMFL Safety

Vendor Info:

Limit: \$135

PLEASE RETURN ALL PAPERWORK TO NHMFL SAFETY DEPT.



REVISIONS AND APPROVALS

Revisions

Date	Revision #	Section	Description
03/16/2018	0	All	Document creation
10/31/2018	1	All	Updated entire program

Approvals

Title	Reviewer	Signature
Safety Director: Environmental Health & Safety	Jeffrey W. Braunwart	