

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

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

Signed



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.

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Signed