### National High Magnetic Field Laboratory Safety Program

<table>
<thead>
<tr>
<th><strong>TITLE:</strong> Footwear Program</th>
<th><strong>SUBJECT:</strong> Footwear Requirements and Usage</th>
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<tr>
<td><strong>POLICY NUMBER:</strong> SP-7</td>
<td><strong>EFFECTIVE DATE:</strong> October 5, 2007</td>
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<tr>
<td><strong>REVISION NUMBER:</strong> 001</td>
<td><strong>REVISION DATE:</strong> October 31, 2019</td>
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<tr>
<td><strong>ISSUING AUTHORITY:</strong> Safety &amp; Admin</td>
<td><strong>APPROVAL:</strong> NHMFL Deputy Lab Director</td>
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**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).
FOOTWEAR PROGRAM INDEX:

1.0 Purpose
2.0 Scope
3.0 References
4.0 Roles and Responsibilities
5.0 Footwear Program
6.0 Appendices

APPENDIX A FOOTWEAR HAZARD ASSESSMENT

APPENDIX B FOOTWEAR PROTECTION PURCHASE FORM

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

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<thead>
<tr>
<th>Date</th>
<th>Revision #</th>
<th>Section</th>
<th>Description</th>
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<td>03/16/2018</td>
<td>0</td>
<td>All</td>
<td>Document creation</td>
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<tr>
<td>10/31/2018</td>
<td>1</td>
<td>All</td>
<td>Updated entire program</td>
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Approvals

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<tr>
<th>Title</th>
<th>Reviewer</th>
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<tbody>
<tr>
<td>Safety Director:</td>
<td>Jeffrey W. Braunwart</td>
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<tr>
<td>Environmental Health &amp; Safety</td>
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