

Waiver for Use of Non-Safety Devices

Please identify your department and chair to review your waiver request.

1. Please indicate the nature of this waiver request.

Individual Medical Accommodation

Service/Departmental

2. The type of this waiver request.

Procedural Waiver

Double Gloving

Safety Glasses

Other _____

Product Waiver

Product Name:

Manufacture Name:

Catalog Number:

Brief Description:

3. Please describe your waiver request.

4. Are you aware of any safety alternatives available?

Yes

No

If "Yes", please explain your needs for non-safe alternative.