

**Request: prescription safety goggles
Form****Field of activity** only laboratory only workshop both**Requester**

First name, surname: _____

Institute / Group: _____

Internal address: _____ Building: _____ Room: _____

Phone number: _____

E-mail: _____

The requester is employed at ETH for at least one year:
(Necessary for the purchase of prescription safety goggles) yes no

Date: _____

Financial contribution of the requester's organisational unit in the costs (cost sharing)

Fonds (F) _____

Kostenstelle (Leitzahl) _____

Sachkonto _____

First name, surname of authorized person: _____

I hereby confirm that the authorized person is informed about my request and that I have his/her approval to submit the form.

Submission:Send the filled in form to info.sgu@ethz.ch (cf. upper right-hand side button)**Approval of request by SSHE**Request approved: yes no

Date: _____

The signed form is valid for 30 days from the

Date of approval.

Stamp and signature SSHE

Billing

Costs: CHF _____

Cost covered by: _____

Cost org. unit: CHF _____

Costs SSHE: CHF _____

Invoice paid. Date, signature SHHE: _____

Declaration of conformity sent Date, sign. SSHE

Contact: SSHE - Safety, Security, Health and Environment, e-mail: info.sgu@ethz.ch

Sicherheit, Gesundheit und Umwelt (SGU)

to be filled in by requester

to be filled in by SSHE