STATE OF HAWAII
STATE PROCUREMENT OFFICE

SPO Price List Contract No. 18-12
Effective: August 15, 2018

SAFETY WORK SHOES- STATEWIDE
(IFB-18-006-SW)
August 15, 2018 to August 14, 2019

PARTICIPATING JURISDICTIONS listed below have signed a cooperative agreement and/or a memorandum of agreement with the SPO and are authorized to utilize this price list contract.

Executive Departments/Agencies
Department of Education
University of Hawaii
Judiciary

The participating jurisdictions are not required, but may purchase from this price list contract, and requests for exception from the contract are not required. Participating jurisdictions are allowed to purchase from other contractors, however, HRS chapter 103D and the procurement rules apply to purchases using the applicable procurement method and its procedures, such as small purchases or competitive sealed bidding. The decision to use this contract or to solicit pricing from other sources will be at the discretion of the participating jurisdiction.

POINTS OF CONTACT.
Executive Departments/Agencies (Excludes HHSC and OHA): Questions regarding safety work shoes shall be directed to Lily Chu, DHRD/Safety Office at (808) 587-1066 or lily.b.chu@hawaii.gov.

Department of Education: Questions regarding safety work shoes shall be directed to Mark Behrens at (808) 586-3457 or Mark_Behrens@notes.k12.hi.us.

University of Hawaii: Questions regarding safety work shoes shall be directed to Sarah Hirakami at (808) 956-8470 or srh@hawaii.edu.

Judiciary: Questions regarding safety work shoes shall be directed to Leighton Oshiro at (808) 539-4797 or Leighton.S.Oshiro@courts.hawaii.gov.

Procurement questions or concerns may be directed as follows:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Name</th>
<th>Telephone</th>
<th>Fax</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>Stanton Mato</td>
<td>586-0566</td>
<td>586-0570</td>
<td><a href="mailto:stanton.d.mato@hawaii.gov">stanton.d.mato@hawaii.gov</a></td>
</tr>
<tr>
<td>DOE</td>
<td>Procurement Staff</td>
<td>675-0130</td>
<td>675-0133</td>
<td><a href="mailto:doeProcure@notes.k12.hi.us">doeProcure@notes.k12.hi.us</a></td>
</tr>
<tr>
<td>UH</td>
<td>Matthew Chow</td>
<td>956-2765</td>
<td>956-2096</td>
<td><a href="mailto:chowmatt@hawaii.edu">chowmatt@hawaii.edu</a></td>
</tr>
<tr>
<td></td>
<td>Karlee Hisashina</td>
<td>956-8687</td>
<td>956-2093</td>
<td><a href="mailto:karlee@hawaii.edu">karlee@hawaii.edu</a></td>
</tr>
<tr>
<td>Judiciary</td>
<td>Tritia Cruz</td>
<td>538-5805</td>
<td>538-5802</td>
<td><a href="mailto:tritia.l.cruz@courts.hawaii.gov">tritia.l.cruz@courts.hawaii.gov</a></td>
</tr>
</tbody>
</table>

SAFETY WORK SHOES
- 1 -
## CONTRACTORS

<table>
<thead>
<tr>
<th>VENDOR:</th>
<th>PAYMENT FOR BOTH LOCATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Wing Shoes</td>
<td>Red Wing Shoe Company, Inc.</td>
</tr>
<tr>
<td>98-1277 Kaahumanu Street #131</td>
<td>PO Box 844329</td>
</tr>
<tr>
<td>Aiea, HI 96701</td>
<td>Dallas, TX 75284-4329</td>
</tr>
<tr>
<td>Phone: (808) 486-3292</td>
<td>Vendor Code: 346274-00</td>
</tr>
<tr>
<td>Fax: (808) 486-2487</td>
<td></td>
</tr>
<tr>
<td>Contact Person: Eleanor Sholtis, Store Manager</td>
<td></td>
</tr>
</tbody>
</table>

Red Wing Shoes
1130 N. Nimitz Highway, Suite A-122
Honolulu, HI 96817
Phone: (808) 533-3292
Fax: (808) 533-2487
Contact Person: Eleanor Sholtis, Store Manager

<table>
<thead>
<tr>
<th>VENDOR:</th>
<th>PAYMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cromwell Shoes</td>
<td>Cromwell Shoes</td>
</tr>
<tr>
<td>98-1005 Moanalua Rd Suite 807</td>
<td>98-1005 Moanalua Rd Suite 807</td>
</tr>
<tr>
<td>Aiea, HI 96701</td>
<td>Honolulu, HI 96701</td>
</tr>
<tr>
<td></td>
<td>Vendor Code: 348744-00</td>
</tr>
<tr>
<td>Contact Person: Anne Matute, Owner</td>
<td></td>
</tr>
<tr>
<td>Phone: (808) 256-4019</td>
<td>Email: <a href="mailto:cromwellhonolulu@gmail.com">cromwellhonolulu@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VENDOR:</th>
<th>PAYMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Shoe Hawaii Inc.</td>
<td>Work Shoe Hawaii, Inc.</td>
</tr>
<tr>
<td>Honolulu, HI 96817</td>
<td>Honolulu, HI 96817</td>
</tr>
<tr>
<td></td>
<td>Vendor Code: 331941-00</td>
</tr>
<tr>
<td>Contact Person: David Lee, Owner</td>
<td></td>
</tr>
<tr>
<td>Phone: (808) 945-9675</td>
<td>Email: <a href="mailto:workshoehi@gmail.com">workshoehi@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VENDOR:</th>
<th>PAYMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Line</td>
<td>Sports Line</td>
</tr>
<tr>
<td>417 Kalanikoa St.</td>
<td>417 Kalanikoa St.</td>
</tr>
<tr>
<td>Hilo, HI 96720</td>
<td>Hilo, HI 96720</td>
</tr>
<tr>
<td></td>
<td>Vendor Code: 250248-00</td>
</tr>
<tr>
<td>Contact Person: Stanley Costales Jr.</td>
<td></td>
</tr>
<tr>
<td>Phone: (808) 969-3633</td>
<td>Email: <a href="mailto:info@sportslinehawaii.com">info@sportslinehawaii.com</a></td>
</tr>
</tbody>
</table>

SPO PL Contract No. 18-12
08/15/2018 – 08/14/2019

SAFETY WORK SHOES - 2 -
VENDOR CODES for annotation on purchase orders are obtainable from the Alphabetical Vendor Edit Table available at your department's fiscal office. Agencies are cautioned that the remittance address on an invoice may be different from the address of the vendor code annotated on the purchase order.

COMPLIANCE PURSUANT TO HRS §103D-310(c). Prior to awarding this contract, the SPO verified compliance of the Contractor(s) named in the SPO Price List Contract No. 18-12. No further compliance verification is required prior to issuing a contract, purchase order, or pCard payment when utilizing this contract.

GENERAL EXCISE TAX: The Contractor shall not assess the General Excise Tax (GET) for safety work shoe purchases. The GET is included in the safety work shoe unit price.

PURCHASING CARD (pCard). The State of Hawaii Purchasing Card (pCard) is required to be used by the Executive departments/agencies, excluding DOE, OHA, HHSC and UH, for orders totaling less than $2,500. For purchases $2,500 or more, agencies may use the pCard, subject to its credit limit, or issue a purchase order.

PURCHASE ORDERS may be issued for purchases $2,500 or more; and for vendors who either do not accept the pCard, set minimum order requirements before accepting the pCard for payment, or charge its customers a transaction fee for the usage.

SPO PL Contract No. 18-12 shall be typed on purchase orders issued against this price list contract. For pCard purchases, the SPO PL Contract No. 18-12 shall be notated on the appropriate transaction document.

PAYMENTS are to be made to the remittance address of the Contractor(s). HRS §103-10, HRS, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment.

VENDOR AND PRODUCT EVALUATION. Form SPO-012, Evaluation: Vendor or Product, for the purpose of addressing concerns on this price list contract, is available to agencies at the SPO website: http://spo.hawaii.gov. Click on Forms on the home page.

PRICE OR VENDOR LIST CONTRACT AVAILABLE ON THE INTERNET at the SPO website: http://spo.hawaii.gov. Click on Price & Vendor List Contracts on the home page.
STATE OF HAWAII – UNIVERSITY OF HAWAII
SAFETY SHOES PURCHASE GUIDELINES AND INSTRUCTIONS
FOR PRICE LIST CONTRACT NO. 18-12:

GENERAL GUIDELINE INFORMATION:

This price list is to provide employees with safety toe shoes as identified by the employers’ hazard assessment for foot protection. Approved safety toe shoes will be furnished to employees who are required to wear safety toe shoes thereby eliminating or reducing the severity of workplace foot injuries in accordance with Federal, State, or Local safety laws, rules, and regulations.

**General requirements:** The employer must assess the workplace to determine if hazards are present or are likely to be present which necessitate the use of personal protective equipment (PPE). As applicable, the employer selects, and requires the employee to use, the type of PPE that protects against the identified hazards. The hazard assessment for foot protection must be certified utilizing Attachment A, Hazard Assessment Certification for Foot Protection.

**Foot and leg protection:** Foot and leg protection includes protection from falling or rolling objects, sharp objects, molten metal, hot surfaces, and wet slippery surfaces. (Aluminum alloy, fiberglass, or galvanized steel foot guards can be worn over usual work shoes.) Metal insole puncture protection, metatarsal shoes, electrical protection are other protective requirements. Leggings protect the lower leg and feet from molten metal or welding sparks.


RESPONSIBILITIES:

**Department of Accounting and General Services' State Procurement Office (SPO):** SPO oversees the application of the program with respect to purchasing rules and disavows payment of purchases not complying with the contract award terms of this price list contract.

**University of Hawaii System or Campuses:** All University of Hawaii (“UH”) System or Campus offices, colleges, or departments that provide foot protection shall comply with hazard assessment, purchasing, and training requirements of the program. System or Campus Human Resources Offices are also tasked to provide applicable reports and data as may be required to provide a base for improving the program and for determining fiscal guidelines for continuous
program improvement for state purchases of protective footwear. Department work unit responsibilities include:

**Manager or Supervisor:** The manager or supervisor determines the appropriateness of foot protection through hazard assessments, informs the employee of foot hazards on the job and the requirement to wear foot protection, instructs employees on how safety shoes are obtained under the program, checks purchases to ensure that the shoes meet specifications (authorization), and trains employees on OSH PPE and program requirements.

**Employee:** The employee shall wear foot protection when the employer determines foot protection is required and provides for the purchase of such protection. The employee selects foot protection of the proper type (as indicated on the Safety Footwear Purchase Authorization form – Attachment B) and fit as listed on the price list. The employee is responsible for informing the manager when his/her safety shoes are worn, defective or damaged, and require replacement.

**System or Campus Human Resources Officer or designee:** When an employee has a medically certified condition requiring a deviation from the price list, the System or Campus Human Resources Officer ("HRO") or their designee shall provide the employee with a Physician's Certification Form (Attachment C) for safety toe shoes. The employee's physician must specify the reason for the deviation from the safety shoe price list contract and provide details of what shoe features the employee would need to obtain the required foot protection (e.g. overshoes, metatarsal guards, safety toe shoes with wider toe box, padded toe collar, etc.).

**System or Campus Human Resources Office (OHR):** OHR coordinates the statewide implementation of the program for Departments, initiates change as appropriate, and coordinates program provisions with applicable employee organizations. OHR will also coordinate with SPO to address questions from contract vendors and provide training to UH managers, supervisors, and staff personnel on program requirements, implementation, purchasing procedures, and employee training requirements.

**Contract Vendors:** Safety shoes can only be purchased from vendors listed on the price list contract. Contract vendors must:

1. Assist UH employees in obtaining the proper type of shoes.
2. Ensure that the shoes the UH employee selects fits properly.
3. Contact the employer when an employee with medical or physical anomalies is unable to obtain the required foot protection from the price list contract.

**Requirements:**

SAFETY WORK SHOES
1. When a requirement for foot protection is determined, proper foot protection shall be provided by the employer and shall be worn by the employee.

2. Safety footwear shall be replaced or repaired by the employer if it is damaged while being worn and in the performance of the employee’s work in accordance with the employee’s respective applicable bargaining unit contract provisions, and if there is no such provision in the contract, then the employer shall determine when appropriate.

3. Safety footwear shall be replaced at the expense of the employee if it is lost, stolen, or damaged while not being worn or not in the performance of state work (see applicable collective bargaining provisions).

4. When an employee transfers, terminates, or retires, the employee shall return to the employer, any special outer attachments that may have been issued, such as spats, instep guards, etc.

5. Employees shall give reasonable notice to their employer when requesting a replacement safety footwear to allow for purchasing, delivery, or pick up.

6. Replaced safety-toe footwear shall become the property of the employee and shall not be worn at work provided that the employer shall have the option to place on it a distinctive mark.

7. An employee may upgrade or deviate from standard safety footwear (with a safety shoe that meets or exceeds the standard safety footwear specifications), and the employee shall be responsible for the price difference between the standard shoe and the upgraded shoe. The employee is responsible to pay for the entire cost of the upgraded or deviated safety footwear and seek reimbursement of the authorized portion. (See Parts 2 and 3 of the Safety Footwear Purchase Authorization Form-Attachment B).

8. An upgrade or deviation from the standard safety footwear that is medically necessitated must be certified by the employee’s physician. The executed Physician’s Certification Form (Attachment C) shall contain information justifying the upgrade or deviation and be submitted for review and approval after consulting with the Civil Rights and Compliance Office. Upon approval of medically necessitated deviations, the cost of the upgrade or deviation shall be borne by the employer (see Part 4 of the Safety Footwear Purchase Authorization Form-Attachment B).

NOTE:

a. Medical waivers for safety footwear are not acceptable except for temporary conditions as certified by the employee’s physician.
b. Medical information is confidential and shall be transmitted on a need to know basis only. Medical information shall be maintained in a separate confidential file.
STATE OF HAWAII – UNIVERSITY OF HAWAII
INSTRUCTIONS TO PURCHASE SAFETY TOE SHOES

The requirement to provide safety footwear is an ongoing process of evaluating and identifying workplace hazards and the means to eliminate or mitigate them to prevent or reduce the severity of injuries. The evaluation becomes more critical as functions change, technology enhancements invoke different work requirements or procedures, or there is an increase in the occurrence of foot injuries. A hazard assessment is mandated under OSHA standards.

HAZARD ASSESSMENT:

The assessment must include the tasks and hazards relating to the task to ensure that the correct type of foot protection is provided. Hazard assessments should be an ongoing process to eliminate or mitigate identified hazards in the workplace. The foot protection purchasing guidelines (i.e. hazard assessment requirement, purchasing authorization, vendor selection, etc.) commences when the need for foot protection becomes apparent such as replacing worn foot protection, new machines or process, changes in the workplace or assignment that require a specific type of foot protection.

To comply with OSHA standards, a written certification of hazard assessment must be completed whenever personnel protective equipment is provided. The certification of hazard assessment must contain at a minimum:

1. Location of the workplace evaluated
2. Details of the hazards assessed
3. The person certifying the assessment
4. Dates of hazard assessment

For the University of Hawaii System and Campuses, a copy of the completed certification of hazard assessment must be provided to the DHRD Safety Office upon completion. The certification is not required to be performed by an independent third party or consultant unless there is a dispute on the type of foot protection the employer selects. The person or persons making the hazard assessment must be knowledgeable and competent to perform the task. The Hazard Assessment Certification for Foot Protection form and instructions on how to complete the form are attached as Attachment A. After the hazard assessment is completed, the supervisor/manager completes the Safety Footwear Purchase Authorization form (Attachment B).

AUTHORIZATION TO PURCHASE:

After completion of the Hazard Assessment Certification for Foot Protection form (Attachment A), the following is the process to complete the authorization to purchase:

1. The manager or supervisor completing the hazard assessment transfers the appropriate data from the Hazard Assessment Certification for Foot Protection form (Attachment A) to the Safety Footwear Purchase Authorization form
(Attachment B) by completing:

a. Part 1 – Identifying information for employee purchasing safety toe shoes.

b. Part 2 – Identifying the type of foot protection required of the position (refer to web link: www.safetyshoes.hawaii.gov for shoe vendors and styles).
   i. If more than one shoe style meets the hazard assessment requirements, list shoe options 1, 2, 3, or more if applicable.

c. Routes Safety Footwear Purchase Authorization Form for completion of Part 5.

d. Gives employee a copy of the completed Safety Footwear Purchase Authorization form and instructs employee to go to the vendor to purchase shoes identified in Part 2 of the form.

2. If the employee elects to deviate from the price list, the employee must complete Part 3 of the form.

   a. Employee must purchase the upgraded or deviated shoes from the vendor identified in Part 2 of the form.
   b. Employee shall be responsible for the entire cost of the upgraded or deviated shoes.
   c. Employee shall request reimbursement of the authorized price list shoe amount.

3. If an employee has a medically certified condition, the manager or supervisor shall complete Part 1 and Part 2 of the Safety Footwear Purchase Authorization Form and give employee a copy to take to their Human Resources Officer to obtain a Physician's Certification Form for Safety Toe Shoes (Attachment C).

   a. The employee submits completed Physician's Certification Form to their Human Resources Officer "HRO") or designee.
   b. HRO or designee reviews Physician's Certification Form. If request for deviation from the safety toe shoe price list is approved, HRO shall complete Part 4 of the Safety Footwear Purchase Authorization form, route to appropriate offices for completion of Part 5 and directs employee to purchase identified personal protective footwear.
   c. If request for deviation from the safety toe shoe price list is denied, HRO or designee provides instructions to the employee.

4. All employers are encouraged to utilize the P-card to purchase safety shoes.
### State of Hawaii - University of Hawaii

**HAZARD ASSESSMENT CERTIFICATION FOR FOOT PROTECTION**

<table>
<thead>
<tr>
<th>System or Campus:</th>
<th>Job Title of Employee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office, College, or Dept.:</td>
<td>Position Number:</td>
</tr>
<tr>
<td>Baseyard:</td>
<td>Evaluated By (Print Name):</td>
</tr>
<tr>
<td>Work Unit:</td>
<td>Position: Phone:</td>
</tr>
<tr>
<td>Position Location (island, city):</td>
<td>Duties: ☐ Mostly outdoors; ☐ Mostly indoors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task, Activity, Hazard Source</th>
<th>Assessment of Hazard</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Hazard Assessment: Type of foot protection required for tasks shown above:

- Base: ☐ Impact/compression
  - ☐ Metatarsal
  - ☐ Electrical
  - ☐ Sole Protection
  - ☐ Water resistant boots

- Additional: ☐ Low cut
  - ☐ Slip resistant
  - ☐ Water resistant
  - ☐ Heat resistant (soles)
  - ☐ Chemical resistant
  - ☐ Fire resistant (welding)

☐ Other ____________________________

| ☐ High cut - height: 6" ___ ; 8" ___ ; Other: ____________________________ |
| ☐ Slip resistant |
| ☐ Water resistant |
| ☐ Heat resistant (soles) |
| ☐ Chemical resistant |
| ☐ Fire resistant (welding) |

☐ Other ____________________________

Person certifying assessment: ____________________________  Print Name (if different from above)  Signature  Date

Copy to: System or Campus Human Resources Officer

Updated August 2018
Hazard Assessment - Foot Protection Form

Occupational safety and health (OSH) rules require employers to identify hazards in the workplace that are likely to cause employee injuries or illness. The personal protective equipment (PPE) revision focuses on eye and face, head, foot, and arm protection. Although the process contained herein addresses foot protection, the basic hazard assessment process can be used for other areas. However, OSH rules emphatically state that PPE should not be used as a substitute for engineering, work practices, and/or administrative controls. PPE should be used in conjunction with these controls to provide employee safety and health in the workplace.

A general five (5) step procedure that is effective and not overly burdensome can be used to complete the requirements. The Hazard Assessment Certification (Foot Protection) form facilitates the process. The steps are:

1. Complete the location demographics section of the form. The rules call for assessment of a particular type of work activity at a given location. The assessment cannot be of all positions (or work duties) of a baseyard or department island or statewide. An assessment of same positions that have identical duties and responsibilities at a specific baseyard is permissible.

2. Perform assessment by initiating a walk-through of the work site to identify tasks (column 1) with potential sources of injury such as: carry 45-pound boxes, roll/move 55-gallon drums, repair/install junction boxes, inspect construction sites, clean animal shelters or mowing grass in open fields. List all tasks that indicate a source of potential foot injury.

   In column 2 indicate the corresponding hazard from column 1, such as: crush feet, crush feet/smash toes, electrical shock, smash feet/sole puncture, animal fecal infection/slippery/continuous wet feet and impact/flying rocks. (Crush/smash feet potential would indicate a need for metatarsal foot protection.)

3. For column 3, review data of each hazard (in column 2) to determine the type of foot protection required. For example, should the hazard potential be electric shock the foot protection required is electric resistance shoes. If glass and nails be identified as the hazard, puncture resistant shoes would be required.

4. Transpose table data to define hazard in the hazard assessment section of the form. Check-off all that apply. Specify additional foot protection requirements by checking the additional protection as required. Where high tops are required indicate the height of high top protection required – 6, 8 inches, or other if higher. Where requirements are not readily listed on the form use the "Other" segment of the form to list the protection required.

5. Complete certification requirements by printing the name of evaluator, and with the evaluator signing and dating the form. Identify on the price list the shoe vendor and shoe model(s) that meet the certification requirements. Transpose applicable data to the Safety Shoe Purchase Authorization form. Contact the Human Resources Office when there is a request to deviate from the price list.

Updated August 2018
**STATE OF HAWAI**I – UNIVERSITY OF HAWAI**I**
SAFETY FOOTWEAR PURCHASE AUTHORIZATION FORM

**Part 1: EMPLOYEE INFORMATION**
System or Campus: __________________________ Office, College, or Dept.: __________________________ Island: ________
Employee: __________________________ Phone: __________________________
Baseyard: __________________________ Position Title: __________________________

**Part 2: APPROVED FOOTWEAR FOR POSITION**
*(Based on Hazard Assessment)*

<table>
<thead>
<tr>
<th>VENDOR #1:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1:</strong> BRAND: ______</td>
<td>COST: ______</td>
</tr>
<tr>
<td>STYLE: ______</td>
<td>SIZE: ______</td>
</tr>
<tr>
<td><strong>Option 2:</strong> BRAND: ______</td>
<td>COST: ______</td>
</tr>
<tr>
<td>STYLE: ______</td>
<td>SIZE: ______</td>
</tr>
<tr>
<td><strong>Option 3:</strong> BRAND: ______</td>
<td>COST: ______</td>
</tr>
<tr>
<td>STYLE: ______</td>
<td>SIZE: ______</td>
</tr>
</tbody>
</table>

See Additional Vendor/Options list, if applicable on next page

**Part 3: REQUESTED FOOTWEAR**
*(Deviation from price list)*

<table>
<thead>
<tr>
<th>VENDOR:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRAND:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STYLE:</strong></td>
<td>SIZE: ______</td>
</tr>
<tr>
<td>ADDITIONAL COST (if any):</td>
<td></td>
</tr>
<tr>
<td>REASON FOR REQUESTING DEVIATION FROM PRICE LIST:</td>
<td></td>
</tr>
</tbody>
</table>

**Part 4: PHYSICIAN CERTIFIED PROTECTIVE FOOTWEAR**
Please contact your human resources office if you have a medically certified condition requiring a deviation from the price list.

CHECK BOX IF APPLICABLE: [ ] DEVIATION IS DUE TO MEDICAL CONDITION AND PHYSICIAN'S CERTIFICATION IS ATTACHED.

DEVIAION APPROVED BY:

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
<th>POSITION TITLE</th>
</tr>
</thead>
</table>

**Part 5: APPROVAL TO PURCHASE SAFETY FOOTWEAR**
ASSESSMENT OF HAZARD: A Certification of Hazard has been completed. The position requires the type of foot protection indicated above. The cost of the protective footwear shall be paid by the State pursuant to the price list contract. The System or Campus office, college, or department shall be responsible for approving safety footwear deviations and paying any applicable additional cost for the protective footwear.

APPROVAL OF System/Campus MANAGEMENT REPRESENTATIVE:

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION TITLE</td>
<td>DATE</td>
</tr>
</tbody>
</table>

APPROVAL OF SAFETY OFFICER OR PERSON WHO CONDUCTED HAZARD ASSESSMENT:

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION TITLE</td>
<td>DATE</td>
</tr>
</tbody>
</table>

**ATTACH COPY OF THIS FORM WHEN ROUTING FOR PAYMENT (HARD OR ELECTRONIC ACCEPTABLE)**

Updated August 2018
Email copy to System or Campus Human Resources Office

**Part 2: APPROVED FOOTWEAR FOR POSITION**  
*(Based on Hazard Assessment)*

<table>
<thead>
<tr>
<th>VENDOR #1:</th>
<th></th>
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<table>
<thead>
<tr>
<th>Option 4:</th>
<th>BRAND: ____________ COST: ______</th>
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<tbody>
<tr>
<td></td>
<td>STYLE: ______________ SIZE: ____</td>
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<table>
<thead>
<tr>
<th>Option 5:</th>
<th>BRAND: ____________ COST: ______</th>
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Updated August 2018
STATE OF HAWAII - UNIVERSITY OF HAWAII
PHYSICIAN’S CERTIFICATION FORM
FOR
SAFETY TOE SHOES

Background information: The State of Hawaii Executive Branch Agencies, “Employer” provides personal protective footwear (i.e. safety toe shoes) through a solicited price list contract to State employees who are required to wear safety toe shoes as identified by the employers’ hazard assessment for foot protection (attached). The employee is required to wear personal protective footwear as determined by the employer. Your patient identified below is required to wear safety toe shoes and is requesting a deviation from the price list contract because of a medical condition. Please complete this certification form and identify what your patient is able to use to comply with the employer’s requirements.

Part 1: To be completed by the System or Campus Human Resources Office

EMPLOYEE: ___________________________ System or Campus: ___________________________
JOB TITLE: _______________________________ Office, College, or Department: ___________________________
ISLAND: __________ PHONE: ___________________________

Part 2: To be completed by System or Campus Human Resources Office

APPROVED FOOTWEAR FOR POSITION (Based on Hazard Assessment)

VENDOR: ___________________________ BRAND: ___________________________ COST: __________
STYLE: _______________________________ SIZE: __________
SHOE FEATURES: ___________________________

Part 3: To be completed by employee’s physician

REASON FOR REQUESTING DEVIATION FROM PRICE LIST:

___________________________________________________________

___________________________________________________________

RECOMMENDATION FOR PERSONAL PROTECTIVE FOOTWEAR (i.e. overshoes, metatarsal guards, safety toe shoes with wider toe box, padded toe collar, etc.):

___________________________________________________________

___________________________________________________________

PHYSICIAN: (PRINT) ___________________________ SIGNATURE: ___________________________
ADDRESS: ___________________________ Phone number: ___________________________
CITY: ___________________________ STATE: ___________________________ ZIP CODE: ___________________________

REVIEWED AND APPROVED BY: ___________________________ System or Campus HUMAN RESOURCES OFFICER OR DESIGNEE DATE
Skechers Women’s Synergy Sandlot
Style: 76553 $95.00
- Alloy Toe rated ASTM I/75 C/75
- Slip Resistant
- Electrical Hazard (EH) Safe
- Sizes: 5-11

Skechers Women’s Bellshill Hiker
Style: 77219 $95.00
- Steel Toe ASTM I/75 C/75
- Electrical Hazard (EH) Safe
- Waterproof
- Sizes: 5-11

Skechers Women’s D’Lite SR Amasa
Style: 77208 $99.00
- Alloy Toe ASTM F2412-2011 I/75 C/75
- Waterproof
- Electrical Hazard (EH) Safe
- Slip Resistant and Oil Resistant
- Sizes: 5-11

Hours
M-Sat. 10:00 A.M. – 9:00 P.M
Sun. 10:00 A.M. – 6:00 P.M.

Cromwell
Pearlridge Shopping Center
98-1005 Moanalua Road Unit 807
Aiea, HI 96701
Ph. (808) 741-6011
Located on the 2nd Floor near Ross Dress for Less
Safety Work Shoes - Oahu

Men's Product

Cat Threshold - $103.66
- steel toe, waterproof, electric hazard
- heat, oil & slip resistant
- M: 7 - 13,14,15 & W: 7 - 12,13,14

Keen Detroit 8" - $146.60
- steel toe, waterproof, electric hazard
- oil & slip resistant, non-marking sole
- D: 7 - 13,14,15 & EE: 7 - 12,13,14,15

Skechers Ekron - $78.98
- alloy toe, electric hazard
- slip resistant
- M: 7 - 13,14,15 & W: 7 - 12,13,14

Timberland Pit Boss - $125.65
- steel toe, electric hazard
- oil & slip resistant
- M: 7 - 13,14,15 & W: 7 - 12,13,14,15

Timberland Powertrain Low - $113.09
- alloy toe, static dissipative
- oil & slip resistant
- M: 7 - 13,14,15 & W: 7 - 12,13,14,15

Wolverine Quest - $144.50
- composite toe, waterproof, electric hazard
- oil, slip & puncture resistant
- M: 7 - 13 & EW: 7 - 12,13

Women's Product

Keen Detroit Mid - $132.98
- steel toe, waterproof, electric hazard
- oil & slip resistant, non-marking sole
- M: 5 - 10,11 & W: 5 - 10,11

Skechers Sandlot - $78.98
- alloy toe, electric hazard
- slip resistant
- M: 5 - 10,11 & EW: 5 - 10,11
State of Hawaii IFB-18-006-SW
OAHU Safety Footwear Program

RED WING WORK
83210 6-inch Boot
Sizes: 5-10, 11 D 6-10
Soles: Rubber Diamond Tread - Rust
Classification 40

RED WING WORK
82116 6-inch Boot
Sizes: 5-10, 11 D 6-10
Soles: Rubber Diamond Tread - Rust
Classification 40

RED WING WORK
83016 6-inch Boot
Sizes: 5-10, 11 D 6-10
Soles: Stars and Bars - Amber
Classification 7a

RED WING
90001 17-inch Pull-On Boot
Sizes: D 7, 8-12, 13, 14, 15
Soles: Mini Lug HH
Classification 9a 4110

---

Work is partnership.
Red Wing Shoes has partnered with your company to provide you with the highest quality purpose-built footwear for the job you do. Through this partnership, sales associates familiar with Red Wing work boots stand ready to help you select footwear that protects and comforts your feet on the job.

HassleFree
Go to www.redwingshoes.com or call for more information.

Effective Date as of June 2018
MEN'S TIMBERLAND PRO®
POWERTRAIN SPORT ALLOY TOE EH
WORK SHOES $82.56
STYLE A114S | 7-12,13,14,15M/W
ALLOY SAFETY TOE, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT

MEN'S TIMBERLAND PRO® VELOCITY ALLOY SAFETY TOE EH $90.00
STYLE A16JZ | 7-12,13,14,15M/W
ALLOY SAFETY TOE, ELECTRICAL HAZARD, ALL WEATHER TPU SOLE, SLIP/OIL/ABRASION RESISTANT

MEN'S TIMBERLAND PRO® DIRECT
ATTACH 6" STEEL TOE BOOTS $118.00
STYLE 65016
7-12,13,14,15M/W
STEEL SAFETY TOE, WATERPROOF, ELECTRICAL HAZARD PROTECTION, INSULATED, SLIP/OIL/ABRASION RESISTANT

MEN'S TIMBERLAND PRO® DIRECT
ATTACH 8" STEEL TOE BOOTS $121.99
STYLE 26002
7-12,13,14,15M/W
STEEL SAFETY TOE, WATERPROOF, ELECTRICAL HAZARD PROTECTION, INSULATED, SLIP/OIL/ABRASION RESISTANT

MEN'S TIMBERLAND PRO® ENDURANCE 6"
STEEL TOE WORK BOOTS $139.46
STYLE 47591 | 7-12,13,14,15M/W
STEEL SAFETY TOE, WATERPROOF LEATHER, ELECTRICAL HAZARD PROTECTION, NON-METALLIC PUNCTURE-RESISTANT OUTSOLE, SLIP/OIL/ABRASION RESISTANT, ANTIMICROBIAL

MEN'S TIMBERLAND PRO® MUDSLINGER
STEEL TOE WORK BOOTS $109.00
STYLE 86515 | 7-12,13,14,15M/W
STEEL SAFETY TOE, WATERPROOF, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT, ANTIMICROBIAL ODOR CONTROL

SPORTS LINE
TEAM EQUIPMENT • UNIFORMS
417 KALANIKOAA STREET HILO, HI 96720
1-888-690-3330 (808) 969-3633 FAX (808) 935-2174
MEN'S TIMBERLAND PRO® SHOES
WOMEN'S TIMBERLAND PRO® TITAN® 6" ALLOY TOE WORK BOOTS $124.80
STYLE 53359 | 5.5-10,11M/W
TITAN SAFETY TOE, WATERPROOF, WOMEN'S FIT, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT

WOMEN'S TIMBERLAND PRO® POWERTRAIN SPORT ALLOY TOE EH WORK SHOES $80.64
STYLE A1JY4 | 5.5-10,11M/W
ALLOY SAFETY TOE, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT, WOMEN'S FIT

WOMEN'S TIMBERLAND PRO® POWERTRAIN TITAN OXFORD SAFETY TOE WORK SHOES $90.00
STYLE 90670 | 5.5-10,11M/W
TITAN SAFETY TOE, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT, WOMEN'S FIT

WOMEN'S TIMBERLAND PRO® ROCKSCAPE STEEL SAFETY TOE WORK SHOES $80.64
STYLE A11PS | 5.5-10,11M/W
STEEL TOE, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT, WOMEN'S FIT

WOMEN'S TIMBERLAND PRO® RIGMASTER 8" ALLOY SAFETY TOE WORK BOOTS $127.00
STYLE 88116 | 5.5-10,11M/W
ALLOY SAFETY TOE, WATERPROOF WOMEN'S FIT, ELECTRICAL HAZARD PROTECTION, SLIP/OIL/ABRASION RESISTANT
State of Hawaii IFB-18-006-SW
HILO & KONA Safety Footwear Program

RED WING
59011 17-inch Pull-On Boot
Sizes: 7, 8-12, 13, 14, 15
Sole: Mini Lug NBR
Classification 9A & 11A
Price: $159.00

RED WING
83216 6-inch Boot
Sizes: 6.5-10, 11.0-6-10
Sole: Rubber Diamond Ted - Rust
Classification 9A
Price: $119.00

Red Wing Shoes has partnered with your company to provide you with the highest quality purpose-built footwear for the job you do. Through this partnership, sales associates familiar with Red Wing work boots are ready to help you select footwear that protects and comforts your feet on the job.

Visit your nearest participating Red Wing Retailer and let a sales associate familiar with Red Wing work boots assist you in selecting the best footwear for your job.

RED WING SHOE STORE
8377 Naehenao St. 9131
Waimea Plaza
Ampa. HI
808-484-3292
M-F: 9:30 A Sat: 9:30 A - 6:00 P

RED WING SHOE STORE
1130 A North Hwy NA112
North Center
Hilo, HI
808-935-3292
M-F: 9:30 A Sat: 9:30 A - 6:00 P

Hassle Free
Safety Footwear Program

How the program works:
- Bring your Safety Footwear Authorization form to your local Red Wing Shoes Retailer.
- A Red Wing Shoes sales associate will make sure you are properly measured and fitted with approved footwear.

Please visit redwingshoes.com or call for more information.

Effective Date as of June 2018