

PREScription SAFETY GLASSES
PRICE LIST

1. GENERAL

- 1.01 This Appendix is reissued to revise the contracted price listings of prescription safety glasses.
- 1.02 The Rx form is to be obtained from the supplier through the Safety organization as appropriate.
- 1.03 A contractual provision with U.S. Safety Service Company requires that all prescription safety glasses will be purchased from U.S. Safety Service Company.
- 1.04 The Telephone Company pays \$3.65 toward the total price of any prescription safety glasses listed, as well as all applicable taxes. This Company paid portion has been deducted from the base price listed in Paragraph 2A.

2. SAFETY GLASSES PRICING

A. Base Price

Glass	- Single Lens	\$ 9.05
	Bifocal Lens	18.30
	Trifocal Lens	26.05
Plastic	- Single Lens	11.70
	Bifocal Lens	28.95
	Trifocal Lens	42.50

B. Options

- Sphere over 7.00 D (Specified by optometrist) 15.00
- For cylinder in both lens (Specified by optometrist) 19.00

- Two-Tone Frame (Color Black, Smoke, or Amber on Crystal) 2.80
- Combo Frame (Plastic & Metal) 2.90
- Metal Frame with Metal Cable Temple (Gold Frame .70 extra) 2.90
- Metal Frame with Plastic Paddle Tip Temple (Gold Frame .70 extra) 2.90
- 50mm Metal Frame with Metal Cable Temple (Gold Frame .70 extra) 2.90
- 50mm Metal Frame with Plastic (Paddle Tip Temple) (Gold Frame .70 extra) 2.90
- Ladies Hi Style 1.55
- Aluminum Temples (available only with plastic frames) 1.45
- Photo-Gray Extra - Glass only
 - Plano 8.00
 - Single Vision 8.00
 - Bifocal (executive only) 16.00
 - Trifocal (7X25 Flat Top and Executive) 16.00
- Photo-Gray Lens - Glass only (clear inside - light gray outside)
 - Plano 4.75
 - Single Vision 6.00
 - Bifocal 9.50
 - Trifocal (7X25 Flat Top and Executive) 16.00

Style - Safe Frame	
Solid Color	\$1.55
Two Tone	2.35
For 52mm or more eyesize	2.50

3. RX FORM (EXHIBIT 1)

3.01 Employees wishing to order prescription safety glasses should obtain a Rx form from their immediate supervisor, refer to the back of the form and make six choices as follows:

- Frame Color
- Frame Style
- Temple Style
- Sideshield (if desired)
- Lens Material
- Tint

The choices should then be entered on the front of the Rx form in the spaces provided under "To Be Completed By Safety Dept."

3.02 The employee should then refer to the price list in Paragraph 2 and determine the total cost by adding the selection made in 2A to any option selection which is listed in 2B. Those options selected which do not appear in 2B are considered standard, no charge applies. Some of these "no charge" options are cable temple, sideshields, and gray or green tints. The employee payment and the Rx form should then be handled as described in Paragraphs 4 and 5 of the main section.

3.03 To illustrate the instructions given in paragraph 3.02, an employee who orders glass bifocal photo-gray lenses, black plastic keyhole frames.

Glass Bifocal Lenses	\$18.30
Photo-Gray	<u>16.00</u>
Total Employee Cost	\$34.30

3.04 Following is a description of the entries on the Rx form which are to be made by the employee. Refer to the corresponding circled number in Exhibit 1.

- ① This "Ship To" entry should be the same as the preprinted "Bill To" entry.
- ② The "Bill To" entry is preprinted with the Division Plant Personnel Supervisor or Arkansas Area Safety & Training Supervisor as appropriate.
- ③ Enter the employee's name
- ④ Enter the employee's crew number.
- ⑤ Enter in the "Occupation" space the employee's work location.
- ⑥ Enter in the "Employer" space the name of the employee's immediate supervisor.
- ⑦ Enter the frame color and style selected from the back of the Rx form, e.g., black plastic, brown combo, etc.
- ⑧ Enter the temple style selected from the back of the Rx form, e.g., aluminum, plastic paddle tip, etc.
- ⑨ Enter a check mark in the appropriate space if sideshields are desired.
- ⑩ Enter a check mark to indicate the lens material desired, glass, plastic, or polycarbonate. (Single lens only)
- ⑪ Specify the lens tint desired.

- ① "Special Rx Details" should be entered in this space only with the approval of the refractionist.
- ② The refractionist is to complete this portion of the Rx.

NOTE: Employees wishing to order plano safety glasses with options shown in this Appendix will prepare the Rx form as shown and print "PLANO" in bold letters in the space "To Be Completed By Refractionist," Exhibit 2. To insure proper fit, the eye size, bridge size, and temple length must be furnished by a professional vision specialist. The employee will pay a single prescription price, as shown in 2A, plus the price of options chosen which appear in 2B.

3.05 The green copy of the Rx form should be retained by the employee and the refractionist should retain the yellow copy. The remainder of the assembly is to be forwarded through the proper state organization along with Form SW4472 and the employee's personal check. The check amount should include any options and the employee's portion of preparing Rx glasses. The check should be made payable to SWBT Co. (FA Form 4472 Exhibit 3).

3.06 Type "B" (Special-Fit) Plano Safety Glasses may be ordered as specified in Section 010-100-005SW, Paragraph 3.07.

(BACK)

FRAME AVAILABILITY GUIDE

Avoid Delays Double Check Rx Blank For Completeness

NEAR TO MISSING SAFETY LENSES
The Rx lens must be stamped for safety lenses in the frame to be considered for safety lenses.
FRAME STYLES
A. Eyeglass Styles 1-10
B. Youth Styles 11-20
C. Ladies Styles 21-30
D. Men's Styles 31-40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

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36 37 38 39 40

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21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

11 12 13 14 15
16 17 18 19 20
21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40

BEND ORIGINAL AND WHITE COMES TO US SAFETY Please leave section intact.
SHIP TO: Same

P.O. NO.
EMPLOYER: ST. LOUIS HISSOUNT T-3101
OCCUPATION: 100 NORTH 12th STREET, ROOM 977
ST. LOUIS MISSOURI 63101

SAFETY-RX FORM
LENS MATERIAL: CLEAR
FRAME STYLE: 11
TEMPLE STYLE: 11
TEMPLE LENGTH: 11
EYE SIZE: 52
BRIDGE SIZE: 18
BASE: 11
PRESCRIPTION: 11

AN IMPORTANT MESSAGE
TO THE OPHTHALMIC PROFESSIONS
This information is provided for the information of the ophthalmic professions and is not intended to be used as a substitute for the professional judgment of the ophthalmic professional.

REFRACTIONIST SIGNATURE:
ADDRESS:
CITY:
STATE:
PHONE:
DATE:
PART NO.
QUANTITY
AMOUNT
PRICE

EXHIBIT 2

PLEASE PRINT OR TYPE

PLEASE DO NOT USE



U.S. SAFETY

UNITED STATES SAFETY SERVICE CO.
 Subsidiary of Perma-Plex Industries
 P.O. BOX 1237
 KANSAS CITY, MO. 64141

SEND ORIGINAL AND WHITE COPIES TO U.S. SAFETY

Please leave carbon inserted.

SHIP TO _____
Same

P.O. NO. _____
SOUTHWESTERN BELL TELEPHONE CO.

EMPLOYEE LAST NAME FIRST NAME _____
STAFF SPECIALIST - SAFETY

NO. _____
100 NORTH 12th STREET, ROOM 977

OCCUPATION _____
ST. LOUIS, MISSOURI 63101

EMPLOYER _____

See Frame Guide on Back of this Form

LENS MATERIAL <input type="checkbox"/> GLASS		<input type="checkbox"/> OPTILITE Thermocuring Plastic	<input type="checkbox"/> SAF-GARD II Polycarbonate Single Vision Only	CLEAR	TINTS—SPECIFY	
FRAME STYLE—COLOR (SEE BACK)		CASE NO.	TEMPLE STYLE (SEE BACK)		TEMPLE LENGTH (OVERALL)	
SIZED BRIDGE FRAMES <input type="checkbox"/> FIXED PADS <input type="checkbox"/> ADJ. PADS		VARI-FIT FRAMES EYESIZE BRIDGE SIZE AS SHOWN BACK		SIDESHIELD (SEE BACK) <input type="checkbox"/> FLATFOLD <input type="checkbox"/> PERFORATED PLASTIC <input type="checkbox"/> 20 MESH <input type="checkbox"/> 40 MESH		
EYESIZE BRIDGE SIZE		SPHERE		CYL.	AXIS	PRISM
DISTANCE		R		L		BASE
ADD FOR NEAR		R		L		DEC. (IN) (OUT)
UPPER ADD		R		L		BY
SPECIAL Rx DETAILS		R		L		PD
SPHERE		SEG. HGT.	SEG. WID.	SEG. INCL.	TOT. DEC.	BIFOCALS
FLAT TOP		KRYPTON		EXECUTIVE		TRIFOCALS
FLAT TOP		EXECUTIVE		OTHER MULTIFOCAL (SPECIFY)		DOUBLE SEGMENT BIFOCALS
FLAT TOP		EXECUTIVE				EXECUTIVE

AN IMPORTANT MESSAGE

The accurate prescribing of prescription safety glasses must be combined with precise adjustment to the patient for effective results. For the mutual safety of the patient and to comply with applicable legal requirements, the Rx safety glasses ordered on this form must be covered to a legally specified volume standard for ventilation and proper adjustment prior to wearing by the patient. Otherwise, all responsibility for any harmful effects which may result from corresponding inadequacies or improper ordering of these glasses is disclaimed.

Claims for refund of material must be made within 120 days of order placement.

UNITED STATES SAFETY SERVICE CO.

REFRACTIONIST SIGNATURE _____ CITY _____ STATE _____

ADDRESS _____ PHONE _____ DATE _____

CLERK CODE	INDUSTRIAL	INITIAL	PRICE
PART NO.	ADVANCE PAY	TEAM CUST	
AMOUNT	NUMBER		
CC	SC	ST	STAY SPECIAL
			TRAY NO.

