

NJ TRANSIT

Memorandum

TO: DISTRIBUTION

FROM: JANIS MITCHELL
SUPERVISOR - SAFETY PROGRAMS

DATE: FEBRUARY 4, 2005

SUBJECT: PRESCRIPTION SAFETY EYEWEAR PROGRAM

The vendor for the Safety Eyewear Program for 2005 is U.S. Safety. The procedures remain the same. Take your prescription, along with the NJ TRANSIT forms, (one form for each pair) to one of the vendors on our list. FAX your completed forms to 973-491-8181.

All NJ TRANSIT Rail employees are eligible for two pair of prescription safety Eyewear during the calendar year January 1st through December 31st.

These are important points to remember:

1. We strongly recommend utilizing the eye care professionals on our list. NJ TRANSIT **WILL NOT BE RESPONSIBLE FOR ANY CHARGES** you might incur if a non-participating provider is used.
2. If you have any problems with your glasses contact Janis Mitchell at (973) 491-7960. If glasses need repair mail them to Janis Mitchell, Safety Department, 1 Penn Plaza East, Newark, NJ 07105. Fax completed forms to (973) 491-8181 or mail to address above.
3. The approved frames are on display at Dispensers. The eyeglasses will be returned to Dispenser within two weeks. Call the Dispenser as they will not call you.
4. All prescription safety glasses come with permanent side shields. **DO NOT REMOVE** the side shields.

All NJ TRANSIT Rail employees are urged to take full advantage of this worthwhile program.

PROTECT YOUR EYES "SAFETY IS EVERYONE'S RESPONSIBILITY".

REQUEST FOR SAFETY PRESCRIPTION EYEWEAR

INSTRUCTIONS FOR ORDERING SAFETY GLASSES

- A. Use one form for each pair of glasses
- B. The following are not permitted:
1. Glass Lenses
 2. Photosensitive Lenses
 3. Eyewear without side shields (**Side shields must be permanent.**)
- C. Employee will fill in the top portion of the Eyewear form
- D. Employee must take the entire form to a refractionist or eye professional for completion of the prescription information.
1. Payment for eye examination is the responsibility of the Employee subject to applicable Union agreement.
 2. Print your name legibly on the form and mail or Fax your completed form To:

NJ TRANSIT
Safety Department
1 Penn Plaza, East
Newark, NJ 07105
Attn: Janis Mitchell
FAX: (973) 491-8181
- E. The Vendor will return the finished glasses by U.S. Mail to the Eye Care Professional on the completed form. It normally takes 2-3 weeks for the glasses to be returned to the Eye Care Professional. You can call them anytime within that period to see if your glasses are there. If they are not there after the third week, call Janis Mitchell, Supervisor, Safety Programs at (973) 491-7960.
- F. RETURNS
If you have any problem with your glasses or if they need repair call Janis Mitchell, Supervisor, Safety Programs at (973) 491-7960, for forwarding instructions.

NEW JERSEY DISPENSER LOCATIONS

Allied Vision
(Eye Exam)
14 Route 31, North
Flemington, NJ 08822
(908) 806-8883

Dr, Victor Borkowski
1700 Madison Avenue
Lakewood, NJ 08701
(732) 367-1881

Eyefirst Vision Center
(Eye Exam)
359 Brick Boulevard
Drum Pt. Plaza
Bricktown, NJ 08723
(732) 920-1330

Eyefirst Vision Center
(Eye Exam)
Market Place II, Hwy 34
Matawan, NJ 07747
(732) 583-3600

Eyefirst Vision Center
(Eye Exam)
Pathmark Shopping Center
1147 Hwy 35
Middletown, NJ 07748
(732) 671-7300

Eyefirst Vision Center
(Eye Exam)
28 Main Street
Toms River, NJ 08775
(732) 240-2021

Allied Vision
(Eye Exam)
158 Vanzile Road
Bricktown, NJ 07724
(732) 840-8855

Eye Contact Vision Center
368 Central Avenue
Jersey City, NJ 07307
(201) 659-2774

Eyefirst Vision Center
(Eye Exam)
3013 Route 35 & Poole Avenue
Hazlet, NJ 07730
(732) 739-4000

Eyefirst Vision Center
(Eye Exam)
733 Route 72, West (K-Mart Plaza)
Manahawkin, NJ 08050
(609) 597-0250

Eyefirst Vision Center
(Eye Exam)
60 Broad Street
Red Bank, NJ 07701
(732) 530-5151

Eyefirst Vision Center
(Eye Exam)
Oaktree Shopping Center
1655-265 Oaktree Road
Edison, NJ 08817
(732) 494-8484

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Dr. Hancock
(Eye Exam)
348 Main Street
Hackensack, NJ 07601
(201) 343-4677

Leoniak Opticians
(No Eye Exam)
Leoniak Plaza
909 Cedar Bridge Avenue
Brick, NJ 08723
(732) 477-0531

Dr. R. Millman
PC-073
(Eye Exam)
16 North Morris Street
Dover, NJ
(973) 366-1571

Wise Vision & Hearing
344 Washington Street
Hoboken, NJ 07040
(201) 792-5100

GEM Family Eyecare
1086 St. George Ave
Rahway, NJ 07065
(732) 388-0073

Optics By Frank
386 Totowa Road
Totowa, NJ 07512
(973) 956-0001

Dr. Kateman
100 Main Street
Woodbridge, NJ 07090
(973) 750-4520

Dr. James Kline
(Eye Exam)
601 Heckman Street
Phillipsburg, NJ 08865
(908) 454-2300

~~Elegant Eyes
(Eye Exam)
875 Broad Street
Newark, NJ 07102
(973) 622-4492~~

Eye Site
Dr. Robert Messinger
1108 Washington Street
Hoboken, NJ 07040
(201) 659-3724

Dr. R. Kansky
(Eye Exam)
118 Washington Street
Hoboken, NJ 07030
(201) 653-2020

Village Optical
251 Main Street
Matawan, NJ 07747
(732) 566-4600

Dr. Saferstein
275 Forest Avenue
Paramus, NJ 07652
201) 986-0202

Dr. William Beyer
2 Hamilton Health Pl.-Bldg. 2
Hamilton, NJ 08790
(609) 586-0273



Request for safety prescription eyewear

EMPLOYEE NAME (<i>Print or Type - Must Be Completed By Employee</i>)				SHIP TO ADDRESS (<i>Doctor/Optician Only</i>)		
Last*		First*		MI*		*Name:
Occupation*	Home Phone*	Age*	Employee No.*	*Address:		
Work Location*	Work Phone*					
Safety Department				*City:	*State:	*Zip Code:
FAX TO JANIS MITCHELL			973-491-8181			

GLASS & PHOTO SENSITIVE NOT PERMITTED

TO BE COMPLETED BY REFRACTIONIST	LENS MATERIAL		<input type="checkbox"/> CLEAR		<input type="checkbox"/> TINTS - GRAY ONLY OUTDOOR USE Specify One <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%																
	<input type="checkbox"/> PLASTIC (CR 39)																				
	<input type="checkbox"/> POLYCARBONATE																				
	FRAME STYLE (SEE BACK)*				*FRAME COLOR		TEMPLE LENGTH (OVERALL)*														
	SIZED BRIDGE FRAMES				EYE SIZE*	BRIDGE SIZE*	SIDE SHIELD (SEE BACK)* PERMANENT FLAT FOLD ONLY														
	SPHERE		CYL	AXIS	PRISM	BASE	DEC. (In)(Out)	PD*													
	R							FAR	NEAR												
	L																				
	ADD		SEG. HGT.	SEG. WIDTH	SEG. INSET	TOT. DEC	<table border="1"> <tr> <td> SINGLE VISION <small>25 OPTIONAL</small> </td> <td> BIFOCALS <table border="1"> <tr> <td> FLAT TOP <small>25 25</small> </td> <td> EXECUTIVE <small>25 25</small> </td> <td> ROUND SEG <small>25 25</small> </td> </tr> </table> </td> </tr> <tr> <td> TRIFOCALS <table border="1"> <tr> <td> FLAT TOP <small>7x25 7x25 7x25</small> </td> <td> EXECUTIVE <small>25</small> </td> <td> EXECUTIVE <small>Stage Sep.</small> </td> <td> FLAT TOP <small>25</small> </td> <td> Progressive Power <small>25</small> </td> </tr> </table> </td> <td colspan="2"></td> </tr> </table>		SINGLE VISION <small>25 OPTIONAL</small>	BIFOCALS <table border="1"> <tr> <td> FLAT TOP <small>25 25</small> </td> <td> EXECUTIVE <small>25 25</small> </td> <td> ROUND SEG <small>25 25</small> </td> </tr> </table>	FLAT TOP <small>25 25</small>	EXECUTIVE <small>25 25</small>	ROUND SEG <small>25 25</small>	TRIFOCALS <table border="1"> <tr> <td> FLAT TOP <small>7x25 7x25 7x25</small> </td> <td> EXECUTIVE <small>25</small> </td> <td> EXECUTIVE <small>Stage Sep.</small> </td> <td> FLAT TOP <small>25</small> </td> <td> Progressive Power <small>25</small> </td> </tr> </table>	FLAT TOP <small>7x25 7x25 7x25</small>	EXECUTIVE <small>25</small>	EXECUTIVE <small>Stage Sep.</small>	FLAT TOP <small>25</small>	Progressive Power <small>25</small>		
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ALL ITEMS WITH * MUST BE COMPLETED																					
SEG. HGT. MUST BE SUPPLIED WITH ABOVE																					

TO THE OPHTHALMIC PROFESSIONS: This patient's employment with NJ TRANSIT requires that he wear eye protection. In completing this prescription safety glass form, please consider the patient's job visual requirements. Also supply (or arrange to supply) complete frame measurements. After completion, please return the balance of the forms in the set to the patient. Your assistance and cooperation is appreciated.

REFRACTIONIST _____ CODE _____ PHONE _____ DATE _____
 ADDRESS _____ CITY _____ STATE _____

Request for safety prescription eyewear



EMPLOYEE NAME (<i>Print or Type - Must Be Completed By Employee</i>)				SHIP TO ADDRESS (<i>Doctor/Optician Only</i>)	
Last*	First*	MI*		*Name:	
Occupation*	Home Phone*	Age*	Employee No.*	*Address:	
Work Location*	Work Phone*				
Safety Department FAX TO JANIS MITCHELL			973-491-8181	*City:	*State: *Zip Code:

GLASS & PHOTO SENSITIVE NOT PERMITTED

TO BE COMPLETED BY REFRACTIONIST

LENS MATERIAL <input type="checkbox"/> PLASTIC (CR 39) <input type="checkbox"/> POLYCARBONATE		<input type="checkbox"/> CLEAR		<input type="checkbox"/> TINTS - GRAY ONLY OUTDOOR USE Specify One <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%	
FRAME STYLE (SEE BACK)*			*FRAME COLOR		TEMPLE LENGTH (OVERALL)*
SIZED BRIDGE FRAMES			EYE SIZE*	BRIDGE SIZE*	SIDE SHIELD (SEE BACK)* PERMANENT FLAT FOLD ONLY
SPHERE		CYL	AXIS	PRISM	BASE
R					
L					
ADD		SEG. HGT.	SEG. WIDTH	SEG. INSET	TOT. DEC
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REFRACTIONIST _____ CODE _____ PHONE _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

New Jersey Transit Frames
With tinted sideshields

<u>Item #</u>	<u>Style</u>
B1	BC106
B2	FC601U
B3	FC601
B6	PC250
B7	OG032
B8	BC103
B9	BC108
B10	BC101
B12	PC251

Without tinted sideshields

B4	PC261
B5	NEWPORT
B11	PC260
B13	FC701
B14	PC8