



**Pacific Gas and  
Electric Company.**

# LETTER AGREEMENT NO. 07-62-PGE

**IBEW**



PACIFIC GAS AND ELECTRIC COMPANY  
LABOR RELATIONS DEPARTMENT  
MAIL CODE N2Z  
P. O. BOX 770000  
SAN FRANCISCO, CA 94177  
(415) 973-4310

INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS, AFL-CIO  
LOCAL UNION 1245, I.B.E.W.  
P.O. BOX 2547  
VACAVILLE, CALIFORNIA 95696  
(707) 452-2700

STEPHEN A. RAYBURN,  
DIRECTOR AND CHIEF NEGOTIATOR

TOM DALZELL,  
BUSINESS MANAGER

December 19, 2007

Mr. Tom Dalzell, Business Manager  
Local Union No. 1245  
International Brotherhood of  
Electrical Workers, AFL-CIO  
P.O. Box 2547  
Vacaville, CA 95696

Dear Mr. Dalzell:

The Company proposes to implement a one-year pilot prescription safety eyewear program within Power Generation. This proposal is in response to a joint committee recommendation. The pilot is proposed in support of the Company's Code of Safe Practices and Power Generation's Frontal Eye Protection Policy which is applicable to Power Generation employees required to wear safety glasses in relation to their job responsibilities. The procedures and details of the pilot program are outlined in the attached document. Employees participating in the pilot will be required to follow these procedures in order to qualify.

Employees, with a prescription, required to wear eye protection in connection with the job duties will have the option of participating in the pilot program or choose from the existing list of approved non-prescription safety glasses available through the Safety Equipment Guide. The pilot will be implemented following the signing of this agreement and implementation readiness as identified by the organization.

If you are in accord with the foregoing and agree thereto, please so indicate in the space provided below and return one executed copy to Company.

Very truly yours,


PACIFIC GAS & ELECTRIC COMPANY

By:   
Stephen A. Rayburn  
Director and Chief Negotiator

The Union is in accord with the foregoing and agrees thereto as of the date hereof.

LOCAL UNION NO. 1245, INTERNATIONAL  
BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO

January 9, 20078

By:   
Tom Dalzell  
Business Manager

## **Power Generation - Industrial Prescription Pilot Safety Eyewear Procedure**

### **I. Purpose:**

The purpose of this procedure is to provide guidance when obtaining a pair of industrial prescription safety glasses with affixed side shields meeting the requirements of ANSI Z-87.1 for employees required to wear protective eye wear in a field environment.

### **II. Applicability:**

This procedure applies to employees required to wear safety glasses.

### **III. Procedure to Obtain a Pair of Prescription Safety Glasses:**

1. Supervisor or employee obtains an Industrial Prescription Safety Eyewear form (Attachment 1).
2. Employee provides their Supervisor a completed Industrial Prescription Safety Eyewear Request form:
  - a filled out and signed copy of the Request form states the activities of the job which require the wearing of safety glasses, the name of the employee's work site, their job title and specific type of frames and treatments/options approved by SH&C. Supervisor will keep original until the employee receives his/her glasses.
3. Employee takes a copy of the approved request form AND a current prescription to the local optometrist office to fill the prescription.

*\* **NOTE:** The frame with attached side shields and the material of the lenses offered by the vendor have been approved by the SH&; Attachment 2 lists the available frame types and lenses. No other frame or materials MAY be substituted.*

#### **4. Billing:**

- The supervisor will indicate their PCC number on the request form. Employees will be responsible for any additional lens treatment such as polarization.

### **IV. Procedure to Obtain Non Prescription Safety Glasses:**

1. Employees with a prescription required to wear eye protection to perform their work can choose from the existing list of approved safety glasses found on the Safety Equipment Guide or participate in this program. All other Employees will still have the industrial safety eyewear options currently approved and identified in the safety equipment guide.

### **V. Procedure for Replacement of Safety Glasses:**

#### **1. Broken Glasses During a Job Task:**

- The employee will fill out an incident report. Once reviewed and approved by their supervisor, the employee must complete another Industrial Prescription Safety Eyewear Request form for repairs or replacement.

2. Lost Glasses:

- Costs associated with replacement of lost glasses (prescription or non-prescription) are the responsibility of the employee.

3. Damaged Glasses:

- When safety glasses under this program have been damaged due to lens breakage (not a warranty against scratches), frame breakage, coating failure (peeling or crazing) or corrosion of any frame component, the employee will bring their glasses to the vendor. The vendor will replace the glasses free of charge within the year of purchase. If any costs are associated with the replacement, the supervisor and the employee will be notified by the vendor.
- The employee must contact the vendor sales manager to arrange for pick up of broken glasses or if the employee prefers going back to the optometrist/optician. The supervisor will provide another form indicating that this will be free of charge for the employee.
- If the glasses are older than a year, the employee's department will be charged for the replacement of lenses (Follow steps in Section III. Procedure to Obtain a Pair of Safety Glasses).

4. Prescription Update:

- If there is a need to upgrade an employee's eye prescription due to a recent change in prescription, PG&E will pay for new lenses, which will be charged to the organization.
- Follow steps in Section III. Procedure to Obtain a Pair of Safety Glasses.

*For more information or inquires, please contact SH&C Helpline at 415-973-8700, option 3.*



www.aosafetyrx.com

# Prescription Eyewear - Order Form

1728 West Frisco Chickasha, OK 73018  
401 East Jefferson Plymouth, IN 46563

Tel: 800.982.2828

Fax: 800.945.2828

Who Pays: (C) Company, (E) Employee, (NA) Not Allowed. REG: Required. See special instructions.

Order Date (mm/dd/yy)

Order Form#

PGELOC (Required)

REQ#

EMP LAST NAME (Required)

EMP FIRST NAME (Required)

LANID (Required)

EMPLOYEE DEPT

EMPLOYEE PHONE

Order Form# **X00000**

PGELOC (Required)

REQ#

EMP LAST NAME (Required)

EMP FIRST NAME (Required)

LANID (Required)

EMPLOYEE DEPT

EMPLOYEE PHONE

Company: **09901975**  
**PG&E POWER GENERATION DIV**  
**MAIL CODE B23H**  
**PO BOX 770000**  
**SAN FRANCISCO CA 94177**

Bill-To: **01004434**  
**S AND S SOLUTIONS**  
**48541 WARM SPRINGS BLVD**  
**FREMONT CA 94539**

Ship-To: \_\_\_\_\_ (Account#)

Co-Pay Type (VI,MC,DI,AX)

Co-Pay Amt:

Credit Card#

CC Exp (mm/yy)

\* Signature required for Credit Card charges (lower right section of form)

Lenses Only     Patient's Own Frame     Frame Only

**Lens Style**

Single Vision     BiFocal  28  35     TriFocal  28  35     Occupational  14mm  15mm  28  35

**Progressives**

AO TruVision     Outlook     AO Pro     Sola Visuality     AO Easy     AO Compact     Other \_\_\_\_\_     AO b'Active

Duty to warn: Polycarbonate is the most impact resistant material available & is highly recommended.

Polycarbonate     Plastic CR-39     Glass     Other \_\_\_\_\_

**Lens Material**

**Tint & Coating**

Clear     Polarized     SuperCote     Tint \_\_\_\_\_     Scratch Resistant Coating     SuperCote AR     Photochromic     UV     Other (Describe Below) \_\_\_\_\_     Transitions     Anti-Reflective \_\_\_\_\_

**Prescription**

	Sphere	Cylinder	Axis	Prism	Base
Right OD					
Left OS					
	Add Power	Seg Hgt	Dist PD	Near PD	
Right OD					
Left OS					

**Frame**

Style Name	Model	Eye	Bridge	Color	Temple

**Side Shields**     Permanent     Detachable     Gray     T-LOC  
 \* Select Styles Only     \* Integrated     \* Perforated     \* Breeze Catcher

**Special Instructions**     Rush Job

\_\_\_\_\_

Frame Groups	Who Pays	R	Q	CoPay Amt
Base Group	C			.00
Group A	E			6.56
Group B	E			10.93
Group C	E			10.93
Group D	E			18.04
Group D PLUS	E			26.78
Group E	E			33.34
Group F	NA			
Group G	NA			
Group G PLUS	NA			
Sun-Clips	NA			

Lens Styles	Who Pays	R	Q	CoPay Amt
Single Vision	C			.00
BiFocal	C			.00
TriFocal	C			.00
Base TruVision, Visuality, Outlook, Sola, AO Pro	C			.00
II HL/VIP, AO Compact	C			.00
III b'Active, Easy, XL/VIP Gold	E			32.60
IV Sola One	E			64.20
V Zero GT2	E			91.70

Please call 800.982.2828 for progressives not listed

Lens Materials	Who Pays	R	Q	CoPay Amt
Polycarbonate	C			.00
PolyIR XTreme SV	C			.00
PolyIR XTreme PAL-Add to Image	C			.00
Glass	NA			
Plastic CR-39	C			.00
High-Index	E			43.73
Mid-Index	E			21.86
Trivex SV, Bifocal	E			23.42
Trivex Progressive	E			43.80

Lens Options	Who Pays	R	Q	CoPay Amt
Photochromic	NA			
Transitions, LifeRx	NA			
Intimidator Polar Poly Mirror	NA			
Polarized	NA			

Tints & Coatings	Who Pays	R	Q	CoPay Amt
Tint Shade 1	C			.00
Tint Shade 2	C			.00
Tint Shade 3	C			.00
UV	C			.00
Scratch Resistant Coating	C			.00
A/R Coating	E			27.33
SuperCote	C			.00
SuperCote A/R	E			49.20

Other Options	Who Pays	R	Q	CoPay Amt
Specialty Lenses	E			49.20
Occupational	C			.00
Full Line BiFocal	C			.00
Full Line TriFocal	C			.00

Specialty lenses include Slab-Offs, Myodiscs, Cataracts plus special Glass treatments such as Noviol and Didymium.

Side Shields	Extra Pairs	Who Pays	R	Q	CoPay Amt
Permanent		C	Y		.00
Detachable					

Dispensing	Who Pays	R	Q	CoPay Amt
Dispensing Fee	C			
If Dispensing Fee is employee paid, collect at time of order				
Employee co-payments by credit card are due at time of order and may be faxed to: 800.945.2828.				

\* Credit Card Authorization  
Signature \_\_\_\_\_

Supervisor / Contact  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Signature \_\_\_\_\_  
Doctor / Optician

Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Signature \_\_\_\_\_



***Pacific Gas and  
Electric Company<sup>®</sup>***

**Prescription Safety Eyewear Program**

**70E Compliant**

**& FRAME  
& LENS GUIDE**

Occupational Prescription Eyewear

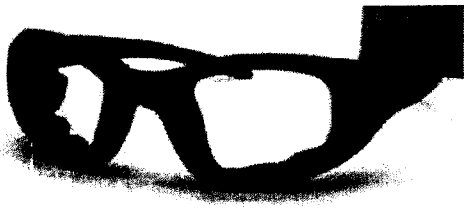


**2007**

**Sophisticated Style . Advanced Eye Protection**

Frames noted as 70E Compliant meet the NFPA 70E 2004 Standard as non-conductive eyewear per Article 100 "Definitions". 70E Compliant frames are deemed to be unsuitable for carrying an electrical current.

# Maxim™ Air Seal Rx



Size 53 26  
 A 53  
 B 38.6  
 ED 60  
 DBL 26

## GROUP D PLUS

### Orange County Chopper Outlaw



ORANGECOUNTYCHOPPERS

Size 54 26  
 A 54  
 B 27  
 ED 57.2  
 DBL 26



OUTLAW FRAME AVAILABLE IN CHROME, MIDNIGHT AND CRIMSON

## GROUP D

### 650



Size 48 16+140	50 16+145	Eye Size 46 50
Color Brown Marble	Gray Marble	A 46 50
Temple Spring Hinge		B 30.5 31.8
Sideshield 650 Brow-Guard		ED 46.2 50.1

### ADJUSTAFIT 1



Size 51 19+135	53 19+140	Eye Size 51 53
Color Black/Amber	Brown/Lavender	A 52.6 54.5
Temple Spring Hinge		B 40.2 42.2
Sideshield Adj 1 Brow-Guard		ED 55 57

### SW06 NO METAL CONTENT



Size 57 16+126	Color Black Yellow	Eye Size 57
Temple Standard	Brown Orange	A 57.1
Sideshield Integral Design		B 34.56
		ED 59.4

## GROUP A

### F6000




Shown here with Brow-Guard sideshield

Eye Size 48 50 53 55  
 A 48 50 53.5 57.1  
 B 41 42.5 46 49.6  
 ED 55 57 63 64.2

Size Extra Small 48 13+135	Small 50 13+140	Standard 53 15+140	Medium 55 15+145
Color Brown Fade	Gray Fade		
Temple Standard	Cable 170mm		
Sideshield F6000 Brow-Guard	Breeze-Catcher™	Full Cup Perforated	

### EAGLE

Polycarbonate Lenses Only  
 Will convert to a cable temple 



Size 56 20	59 20	Eye Size 56 59
Color Smoke		A 56 59
Temple Adjustable Cable		B 44 44
Sideshield Integrated		ED 61 62