

# 3M™ Eyewear Fit System

## Fit Evaluation Form: Spectacles

Date: \_\_\_\_\_

Employee Name/ID: \_\_\_\_\_

Company: \_\_\_\_\_

Form Completed by  
(Fit Tester) \_\_\_\_\_

Before beginning the fit evaluation process, inform the wearer that you will be asking a series of questions to help assess eyewear comfort, view, and security. The coverage and gap gauges will be used to measure coverage and gaps. The wearer may experience a slight “tickling” or pressure on the face as the gauge is moved around the perimeter of the eyewear to measure gaps.

### Step 1: Initial Selection

Instruct the wearer to try on the available eyewear models and select a style from those pre-determined by the worksite to be appropriate for the hazards and tasks. If the chosen style has adjustable features, the test subject should adjust for best wearing comfort before proceeding with the fit evaluation. We suggest that only clear or lightly tinted lenses that allow a clear view of the wearer’s pupil be used for fitting.

Make/model selected for evaluation:

- \_\_\_\_\_
- Adjustable style
  - Non-adjustable style

### Step 2: Ergonomics

Verify that the eyewear doesn’t pinch and is a comfortable pressure. Record any comments.

- Are the temple tips comfortable around your ears?  
 Yes  No
- Is the pressure from the temples or side arms comfortable?  
 Yes  No
- Is the nosepiece comfortable and contacting your nose?  
 Yes  No
- Is the weight of the eyewear comfortable on your face?  
 Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_

### Step 3: View

Verify the wearer can see in all directions without major obstruction to the field of view that would interfere with visibility to perform work tasks. Record any comments.

- Can you see in all directions of eye rotation without major obstruction?  Yes  No

Comments:

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### Security:

Ask the wearer to do gentle head movements including shaking the head, turning the head from side to side, and moving the head up and down. Verify the eyewear stays in place. Record any comments.

- Does the eyewear stay in place during gentle head movements?  Yes  No

Comments:

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### Coverage:

Check how well the safety eyewear covers the soft tissue area around the eyes. Mark the coverage measurements in the table by checking (✓) the appropriate boxes. If the selected pair of eyewear doesn't meet or exceed the markings on the gauge for both vertical and horizontal coverage, evaluate another style of eyewear.

	Vertical Measurement: Meets or exceeds the "V" lines on gauge		Horizontal Measurement: Meets or exceeds the "H" lines on gauge	
Left Eye	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Right Eye	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Step 4: Worker Education

Instruct the wearer to wear the safety eyewear in the manner it was designed to be worn during all required functions and tasks. Also, ensure the worker has been trained on site-specific procedures such as cleaning and storage of eyewear.

- Has the test subject been trained on proper eyewear use?  Yes  No

Comments:

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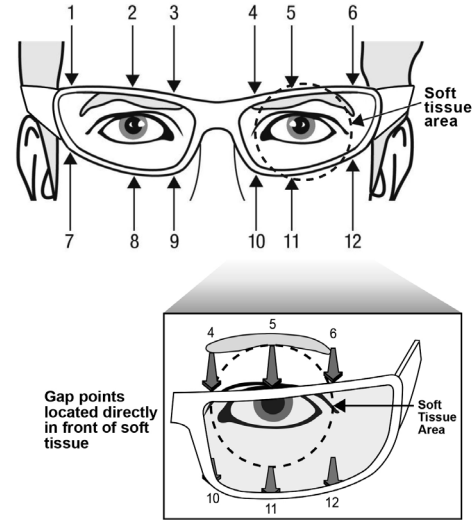


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### Gaps:

Mark the gap measurements in the following table by checking (✓) the appropriate boxes. A gap size less than 8 mm is preferred, with a gap less than 6 mm considered optimal. If there are gaps in the 10 to 12 mm range or larger, evaluate another style of eyewear.



Gap Measurement (mm)	Top of Eyewear Location #						Bottom of Eyewear Location #					
	1	2	3	4	5	6	7	8	9	10	11	12
<6												
6												
8												
10												
12												

### Step 5: Ergonomic Recheck

Now that the wearer has had the eyewear on for a short period of time, verify it is still comfortable and doesn't slip, slide, pinch, etc.

- Is the eyewear comfortable on your face?  Yes  No

Comments:

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### Summary:

Employee fitted to wear:

Brand (Manufacturer)	Model Number	Adjustable Style	Lens Colour/Type
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clear <input type="checkbox"/> Amber <input type="checkbox"/> Blue <input type="checkbox"/> Grey <input type="checkbox"/> Bronze <input type="checkbox"/> Blue Mirror <input type="checkbox"/> Red Mirror <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Photochromic <input type="checkbox"/> Polarized <input type="checkbox"/> Other

Comments:

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