



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES**



WWW.DOH.STATE.FL.US

OPTICAL ESTABLISHMENT

ROUTINE CURRENTLY NOT OPERATING

INSPECTION AUTHORITY - CHAPTER 484.015 AND 456, F.S.

File # _____
Insp # _____

NAME OF ESTABLISHMENT		PERMIT NUMBER		DATE OF INSPECTION	
DOING BUSINESS AS		OWNER'S NAME			
STREET ADDRESS		TELEPHONE #		EXT.	
CITY		COUNTY		STATE/ZIP	
PERSON EMPLOYED	LICENSE NUMBER	PERSON EMPLOYED	LICENSE NUMBER		
				SATISFACTORY	N/A YES NO
1	Active optical establishment permit. [484.013(4), F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
2	Employed optician(s) duly licensed. [484.013(1)(b), F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
3	Written prescriptions maintained for a period of no less than 2 years. [484.012(1), F.S.]			<input type="checkbox"/>	<input type="checkbox"/>
4	Apprentice(s) under supervision of licensed optician, optometrist, or ophthalmologist (list apprentices below). [484.007(1)(d)4, F.S.] *			<input type="checkbox"/>	<input type="checkbox"/>
5	Record of apprentice hours maintained and available for inspection. [64B12-16.009, F.A.C.] *			<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT ON THE PREMISES					
6	Pupillary gauges. [64B12-10.007(1), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
7	Thickness gauge/calipers. [64B12-10.007(2), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
8	One set of hand tools necessary for the fitting of eye glasses. [64B12-10.007(3), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
9	One lensometer or vertometer or similar instrument. [64B12-10.007(4), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
10 a	Does the establishment manufacture glass lenses on the premises?			<input type="checkbox"/>	<input type="checkbox"/>
10 b	If yes, does the establishment have a colmascope or similar instrument?* [64B12-10.007(5), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
11	One frame heater. [64B12-10.007(6), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
12	One lens measure (lens clock). [64B12-10.007(7), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
13	Set of sample frames and mountings. [64B12-10.007(8), F.A.C.]			<input type="checkbox"/>	<input type="checkbox"/>
14 a	Does the establishment fit and adapt contact lenses?			<input type="checkbox"/>	<input type="checkbox"/>
14 b	If yes, does the establishment have a keratometer or similar instrument and slit lamp or similar instrument? [64B12-10.007(9), F.A.C.] *			<input type="checkbox"/>	<input type="checkbox"/>
15 a	Does the establishment fit and adapt contact lenses?			<input type="checkbox"/>	<input type="checkbox"/>
15 b	If yes, does the establishment have a set of trial soft contact lenses? [64B12-10.007(10), F.A.C.] *			<input type="checkbox"/>	<input type="checkbox"/>

* QUESTIONS WITH (*) MAY BE ANSWERED N/A (NOT APPLICABLE)

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

PRINT NAME OF RECIPIENT _____

ID _____

Signature of Owner or Representative _____

Date _____

Investigator Signature _____

Save