STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

4052 Bald Cypress Way, BIN # C70 • Tallahassee, FL 32399-3270

FLORIDA DEPARTMENT OF HEALTH

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OPTICAL ESTABLISHMENT

ROUTINE ☐ CHANGE LOC ☐ NEW ☐ CURRENTLY NOT OPERATING ☐

INSPECTION AUTHORITY – CHAPTER 484.015 AND CHAPTER 456, FLORIDA STATUTES

Name of Establishment:		License No.	Date of Inspection:
Doing Business As:		Expiration Date:	
Establishment Street Address:		Owner's Name:	
City:	County:	State/Zip:	Business Phone:

Satisfactory	YES	NO	N/A	Equipment on the premises	YES	NO	N/A
1 Active optical establishment permit 484.013(1)(4), F.S.				8 One set of hand tools necessary for the fitting of eye glasses 64B12-10.007(3), F.A.C.			
2 Employed optician(s) duly licensed 484.013(1)(b), F.S.				9 One lensometer or vertometer or similar instrument 64B12-10.007(4), F.A.C..			
3 Written prescriptions maintained for a period of no less than 2 years 484.012(1), F.S.				10 One colmascope or similar instrument, when manufacturing glass lenses on the premises 64B12-10.007(5), F.A.C.			
4 Apprentice(s) under supervision of licensed optician, optometrist, or ophthalmologist (list apprentices below) 484.007(1)(d)4, F.S.				11 One frame heater 64B12-10.007(6), F.A.C.			
5 Record of apprentice hours maintained and available for inspection 484.007(1)(d), F.S.				12 One lens measure (lens clock) 64B12-10.007(7), F.A.C.			
Equipment on the premises				13 Set of sample frames and mountings 64B12-10.007(8) F.A.C.			
6 Pupillary gauges 64B12-10.007(1), F.A.C.				14 If establishment is fitting and adapting contacts lenses - must have a Keratometer or similar instrument and slit lamp or similar instrument 64B12-10.007(9), F.A.C.			
7 Thickness gauge/calipers 64B12-10.007(2), F.A.C.				15 If establishment is fitting and adapting contacts lenses they must have a set of trial soft contact lenses. 64B12-10.007(10), F.A.C			

Persons Employed	License Number	Persons Employed	License Number

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.

Signature of Owner or Licensee **Date** **Investigator Signature/ ID No.**