



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
INVESTIGATIVE SERVICES  
INV350 - Optical Establishment**



File #  
Insp #

<b>NAME</b>	<b>PERMIT NUMBER</b>	<b>DATE OF INSPECTION</b>	
<b>DOING BUSINESS AS</b>			
<b>STREET ADDRESS</b>		<b>TELEPHONE #</b>	<b>EXT</b>
<b>CITY</b>	<b>COUNTY</b>	<b>STATE/ZIP</b>	

**Additional Information**

**Inspection Employee Tracking**

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**INV 350 - Optical Establishments**

**Optical Establishments Requirements**

Active optical establishment permit. [484.013(4), F.S.]	
Employed optician(s) duly licensed. [484.013(1)(b), F.S.]	
Written prescriptions maintained for a period of no less than 2 years. [484.012(1), F.S.]	

**Establishment has Apprentice**

Apprentice(s) under supervision of licensed optician, optometrist, or ophthalmologist (list apprentices below). [484.007(1)(d)4, F.S.]	
Record of apprentice hours maintained and available for inspection. [64B12-16.009, F.A.C.]	

**Equipment on the Premises**

Pupillary gauges. [64B12-10.007(1), F.A.C.]	
Thickness gauge/calipers. [64B12-10.007(2), F.A.C.]	
One set of hand tools necessary for the fitting of eye glasses. [64B12-10.007(3), F.A.C.]	
One lensometer or vertometer or similar instrument. [64B12-10.007(4), F.A.C.]	
One frame heater. [64B12-10.007(6), F.A.C.]	
One lens measure (lens clock). [64B12-10.007(7), F.A.C.]	
Set of sample frames and mountings. [64B12-10.007(8), F.A.C.]	

**Manufacture Glass Lenses**

If yes, does the establishment have a colmascope or similar instrument? [64B12-10.007(5), F.A.C.]	
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**Fit and Adapt Contact Lenses**

If yes, does the establishment have a keratometer or similar instrument and slit lamp or similar instrument? [64B12-10.007(9), F.A.C.]	
If yes, does the establishment have a set of trial soft contact lenses? [64B12-10.007(10), F.A.C.]	

**Remarks:**

**INV350 - Optical Establishment**  
**CLARKE'S OPTICAL**

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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. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature:

Representative:

Date:

Date: