



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



File #
Insp #

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

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:

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.

Inspector Signature:

Representative:

Date:

Date: