



Mike DeWine, Governor Marlene Anielski, Executive Director
Jon Husted, Lt. Governor

ON-SITE OPTICIAN / OCULARIST / APPRENTICE INSPECTION REPORT

#20__ - _____ Date _____ Time _____ Inspected by _____

Name of Store _____

Address of Business _____

_____ County _____

Principal practice location _____

Satellite locations _____

1. Were there any Licensed Opticians/Ocularists working? Yes _____ No _____
a. If yes, list name(s) and license number(s):

- Name _____ License _____
Name _____ License _____
Name _____ License _____
Name _____ License _____
Name _____ License _____
Name _____ License _____

2. Were all items displayed in conspicuous location?

License(s) Yes _____ No _____

Registration card(s) Yes _____ No _____

Wall certificate(s) Yes _____ No _____

3. Were there any registered apprentices working? Yes _____ No _____
a. If yes, list name(s) and registration number(s):



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- Name _____ Registration _____
Name _____ Registration _____
Name _____ Registration _____
Name _____ Registration _____
Name _____ Registration _____
Name _____ Registration _____

4. Were the apprentices working under their registered supervisor? Yes _____ No _____

a. If yes, list name(s) and license number(s):

- Supervisor _____ License _____
Supervisor _____ License _____
Supervisor _____ License _____
Supervisor _____ License _____
Supervisor _____ License _____

5. Were licensees and apprentices wearing appropriate name badges? Yes _____ No _____
If no, who was not?

- Name _____ License/Registration _____
Name _____ License/Registration _____
Name _____ License/Registration _____
Name _____ License/Registration _____
Name _____ License/Registration _____
Name _____ License/Registration _____



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Violations found:

Corrective action(s) required:

Comments:

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