



ON-SITE **OPTOMETRIST** INSPECTION REPORT

Website: \_\_\_\_\_ Checked before inspection.  Took business cards.

#20\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Inspected by \_\_\_\_\_

Name of Optometrist \_\_\_\_\_

License Number \_\_\_\_\_ Therapeutic License Number \_\_\_\_\_

Address of Business \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Principal practice location \_\_\_\_\_

List Satellite locations \_\_\_\_\_

Type of Practice:

- Private Practice                       Group Private Practice (# \_\_\_\_\_ doctors)                       Clinic
- Combined Practice Optometry/Ophthalmology     Leasing from \_\_\_\_\_
- Main Lease Holder     Employed by \_\_\_\_\_

1. Is optometrist's name correctly displayed? (Outside of office location exam room or exam room entrance.)                      Yes \_\_\_\_\_ No \_\_\_\_\_
2. Using the name of a previous optometrist over the grace period of one year?                      Yes \_\_\_\_\_ No \_\_\_\_\_
3. Using the term of "specialist" or the title of "doctor" without using optometrist or O.D.?                      Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are licenses on display where patients can easily view them?                      Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is license current?                      Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are receipts given with examining optometrist's name, address, and license number (printed or written) on it?                      Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are Rx's given with examining optometrist's name address, and



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license number (printed or written) on it? Yes \_\_\_\_\_ No \_\_\_\_\_

8. How are scripts kept? (electronic, paper, other \_\_\_\_\_) Secured? Yes \_\_\_\_\_ No \_\_\_\_\_

• Do you give each patient a copy of the prescription? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are patient records maintained for seven years? (VERIFY) Yes \_\_\_\_\_ No \_\_\_\_\_

10. What percentages of patients are dilated? (Optional) \_\_\_\_\_%

11. How often do you use therapeutic agents? (Optional) \_\_\_\_\_%

12. Do you co-manage patients? Yes \_\_\_\_\_ No \_\_\_\_\_

Type(s) of co-management \_\_\_\_\_

13. Is the licensee working commercially? Yes \_\_\_\_\_ No \_\_\_\_\_

• If yes, is he/she working under a lease? Yes \_\_\_\_\_ No \_\_\_\_\_

• If yes, is lease based on a flat rate? Yes \_\_\_\_\_ No \_\_\_\_\_

• Is a copy of the lease available? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Any violations of optometric law known? Yes \_\_\_\_\_ No \_\_\_\_\_

• If yes, what? \_\_\_\_\_

15. Adequate hand washing facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Appearance, safety, and cleanliness of office are acceptable? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Office instrumentation. Number of examination rooms 1 2 3 4 5 other \_\_\_\_\_

• Binocular Indirect Ophthalmoscope (BIO) \_\_\_\_\_

• Biomicroscope (slit lamp) \_\_\_\_\_

• Keratometer (contact lens) \_\_\_\_\_

• Ophthalmoscope \_\_\_\_\_



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- Optomap \_\_\_\_\_
- Phoropter \_\_\_\_\_
- Retina Scope \_\_\_\_\_
- Tonometer (2 types) \_\_\_\_\_
- Visual Fields Equipment \_\_\_\_\_
- Other Instrumentation \_\_\_\_\_

18. Are all instruments in working order? Yes\_\_\_\_\_ No\_\_\_\_\_

19. Are controlled substances or dangerous drugs stored at practice? Yes\_\_\_\_\_ No\_\_\_\_\_

- If yes, what is the DEA number for the optometrist? \_\_\_\_\_  
(Test sample expiration dates.)

20. Are therapeutic agents within scope of practice? Yes\_\_\_\_\_ No\_\_\_\_\_

- If yes, are the agents unexpired? Yes\_\_\_\_\_ No\_\_\_\_\_  
(Test sample expiration dates.)  
Altafluor benox  
cyclopentolate hydrochloride ophthalmic solution  
proparacaine hydrochloride ophthalmic solution  
tropicamide ophthalmic solution

21. Most proper contact supplier \_\_\_\_\_  
(TEST SAMPLE EXPIRATION DATES.)

22. Comments:

23. Total Violations \_\_\_\_\_ Violation Types:

24. Corrective Action Required:

25. Date Corrective Action Completed:

Revised 2-2020