

TANNING INJURY REPORT

(Please type or print the information below)

Tanning Facility Information			
1. Name		2. Telephone	
3. Address	4. City	5. State	6. Zipcode
Owner/Proprietor Information			
7. Name		8. Telephone	
9. Address	10. City	11. State	12. Zipcode
13. Managers Name		14. Operators on duty	
Tanning Equipment Information			
15. Manufacturer	16. Model Number	17. Serial Number	
18. Bed or booth		19. Type of UV Lamps	
Injury Information			
20. Name of Injured		21. Telephone	
22. Address	23. City	24. State	25. Zipcode
26. Date Injury Reported	27. Date of Injury	28. Length of UV Exposure	
29. Describe incident & Injury			
30. Parent of Guardian (if injured is a minor)		31. Telephone Number	
32. Name of Physician		33. Telephone Number	
34. Report taken by;		35. Date	
36. Any additional information:			