

TANNING INJURY REPORT

Please type or print legibly

Tanning Facility Information		License Number:		
Name:		Telephone Number:		
Mailing Address:		City:	State:	Zip Code:
Licensee (Owner/Proprietor) Information				
Name:		Telephone Number:		
Mailing Address:		City:	State:	Zip Code:
Manager's Name:		Operator's Name:		
Tanning Equipment Information				
Name of Manufacturer:			Model #:	Serial #:
Date of Manufacture:	Bed or Booth:	Type of UV Lamps:		
Injury Information				
Name of Injured Party:			Telephone Number:	
Mailing Address:		City:	State:	Zip Code:
Name of Parent of Minor (if injured party is a minor):				
Date Injury Reported:	Date of Injury:	Duration of UV Exposure:		
Describe Injuries: (Attach supplemental sheet if necessary)				
Name of Attending Physician: (If contacted)		Date of Visit:	Telephone Number:	
Address:		City:	State:	Zip Code: