New York State Department of Health

Bureau of Community Environmental Health and Food Protection
Tanning Facilities Program

Injury and Illness Report Form

Incident Log Number:

A full report of specific injuries or illnesses occurring as a result of using an ultraviolet radiation (tanning) device shall be made by the operator to the Permit Issuing Official (PIO) within twenty-four (24) hours of notification of its occurrence. Reportable injuries and illnesses shall include: **(1) all eye injuries requiring medical attention; (2) all burns requiring medical attention; (3) any other injury or illness incident resulting from the use of an ultraviolet radiation device for which medical care has been obtained.** Forms shall be maintained at the tanning facility for a minimum of two (2) years and must be available for review by the PIO.

Facility Information

Facility Name: ______________________________ Name of Operator: ______________________________

Facility Address: ____

Facility Telephone Number: (____) ____-__________ Type of Facility: □ Tanning Only □ Salon/Spa □ Fitness □ Other

Client Information

Name (Last, First, Middle): ____

Home Address: ____

Telephone Number: (____) ____-__________ Age (years): _____ Gender: □ Female □ Male

Tanning frequency (3 month history): □ First time tanning □ Between 2 and 9 sessions □ 10 or more sessions

Name of Parent or Legal Guardian for minors (Last, First, Middle): ______________________________

Event Information

Specific injury or illness requiring medical attention: □ **Eye injury** □ **Burn** □ **Any other injury or illness incident**

Area(s) of injury:	**Description of illness:**
□ Head □ Face □ Eye □ Neck □ Shoulder □ Arm □ Wrist □ Hand □ Finger □ Chest □ Abdomen □ Back □ Leg □ Ankle □ Foot	□ Acute illness or disease* □ Allergic reaction* □ Anaphylactic shock* □ Cardiac □ Chronic illness or disease* □ Dehydration □ Infection* □ Other*
□ Other, specify: ______________________	*Specify: ______________________

Date of incident/onset: ___/___/___ Time of occurrence/onset: ___:___ □ AM □ PM

Location where incident occurred: □ Tanning Bed □ Tanning Booth □ Other______________________

Duration of tanning exposure: ______________ Nature of incident: ______________________________

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Date client reported incident: ___/___/___ Time client reported incident: ___:___ □ AM □ PM

Name of medical provider: ______________________________ Date of medical treatment: ___/___/___

Reported diagnosis/treatment: ____

Follow up for incident: ____

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Equipment Information

Manufacturer of the tanning device: ______________________________ Date of manufacture: ______________

Model: ______________ Model Number: ______________ Serial Number: ______________

Types of lamps used in the tanning device: ____

Information received by: ______________________________ Title: ______________ *Date:* ___/___/___