New York State Department of Health  Injury and Illness Report Form  Bureau of Community Environmental Health and Food Protection  Tanning Facilities Program

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

<table>
<thead>
<tr>
<th>Area(s) of Injury</th>
<th>Description of Illness</th>
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<tbody>
<tr>
<td>Head</td>
<td>□ Acute illness or disease* □ Chronic illness or disease*</td>
</tr>
<tr>
<td>Face</td>
<td>□ Allergic reaction* □ Dehydration</td>
</tr>
<tr>
<td>Eye</td>
<td>□ Anaphylactic shock* □ Infection*</td>
</tr>
<tr>
<td>Neck</td>
<td>□ Cardiac □ Other*</td>
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<tr>
<td>Shoulder</td>
<td></td>
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</tbody>
</table>
| 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: __________________________

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: __________________________

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: ____/____/____

Revised 7/8/2010