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
Event Information Specific injury or illness requiring medical attent	ion: □ Eye injury □ Burn □ Any other injury or illness incident
Area(s) of injury:	Description of illness:
□ Face □ Wrist □ Abdomen	□ Leg □ Acute illness or disease* □ Allergic reaction* □ Anaphylactic shock* □ Cardiac □ Chronic illness or disease* □ Dehydration □ Infection* □ Other*
Other, specify:	*Specify:
	occurrence/onset:: □ AM □ PM Bed □ Tanning Booth □ Other Nature of incident:
Date client reported incident: / / T	ime client reported incident:: AM PM
·	Date of medical treatment://
Reported diagnosis/treatment:	
Follow up for incident:	
	Date of manufacture:
Equipment Information Manufacturer of the tanning device:	Date of manuacture.
Manufacturer of the tanning device:	
Manufacturer of the tanning device: Model: Model Nur	nber: Serial Number: