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

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