

## TANNING FACILITY INJURY REPORT

Chapter 64E-17.004(8), Florida Administrative Code states that a written report of any alleged tanning injury shall be forwarded to the county health department which issued the license within five working days of its occurrence or knowledge thereof.

Date \_\_\_\_\_

### Tanning Facility Information

Name of Tanning Facility \_\_\_\_\_ License Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Salon Employee/Operator who assisted client \_\_\_\_\_

Tanning device Manufacturer \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Types of Lamps Used in Device \_\_\_\_\_

### Customer Information

Date of Injury \_\_\_\_\_

Reported by \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Injured Individual \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Duration of Tanning Exposure \_\_\_\_\_

Medical Attention \_\_\_\_ Yes \_\_\_\_ No

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Diagnosis/Treatment \_\_\_\_\_

Name of Person taking Complaint \_\_\_\_\_ Date \_\_\_\_\_

Name of Facility Operator \_\_\_\_\_ Date \_\_\_\_\_

CHD Inspector \_\_\_\_\_ Date \_\_\_\_\_

Osceola County Health Department  
Environmental Health Program