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	I	
Name of Tanning Facility	License Number	
Address	City	County
Owner's Name	Phone Number	
Salon Employee/Operator who assis	ted client	
Tanning device Manufacturer		
Model Number	Serial Number	
Types of Lamps Used in Device		
Customer Information		
Date of Injury		
Reported by	Phone Num	ber
Name of Injured Individual	P	hone Number
Address		
Nature of Injury		
Duration of Tanning Exposure		
Medical AttentionYesNo		
Physician Name	Phone	
Address		
Diagnosis/Treatment		
Name of Person taking Complaint		Date
Name of Facility Operator		_ Date
CHD Inspector		Date