**New York City Department of Health and Mental Hygiene**
Bureau of Environmental Health Science
Office of Public Health Engineering

**To Submit by Fax:** (347) 396-6089
**Office Phone Number:** (347) 396-6001

# 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 Department 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 Department.

## Facility Information

Facility Name: _____ Name of Operator:_____

Facility Permit Number: _____

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

| **Area(s) of injury:** | | | | **Description of illness:** | |
|---|---|---|---|---|---|
| ☐ Head | ☐ Wrist | ☐ Back | ☐ Face | ☐ Acute illness or disease* | ☐ Chronic illness or disease* |
| ☐ Arm | ☐ Abdomen | ☐ Foot | ☐ Hand | ☐ Allergic reaction* | ☐ Dehydration |
| ☐ Chest | ☐ Ankle | ☐ Neck | ☐ Shoulder | ☐ Anaphylactic shock* | ☐Infection* |
| ☐ Leg | ☐ Eye | ☐ Finger | | ☐ Cardiac | ☐ Other* |
| ☐ Other, specify: _____ | | | | *Specify: _____ | |

Date of incident/onset: ____/____/____ Time of occurrence/onset: ____:____ ☐ AM ☐ PM

Location where incident occurred: ☐ Tanning Bed ☐ Tanning Booth ☐ Other_____ Device Number:_____

Duration of tanning exposure: _____ Description of 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: ____/____/_____

Actions taken by operator or employees at facility: _____

Date client reported incident: ____/____/____ Time client reported incident: ____:____ ☐ AM ☐ PM

Name of medical provider: _____ Date of medical treatment: ____/____/____

Address of medical provider: _____

Reported diagnosis/treatment: _____