

## 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 Florida Department of Health in Lee County 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 assiste	ed client	
Tanning device Manufacturer		
Model Number	Serial Numbe	er
Types of Lamps Used in Device		
Customer Information		
Date of Injury		
Reported by	Phone Numb	er
Name of Injured Individual	Phone Number	
Address		
Nature of Injury		
Duration of Tanning Exposure		
Medical AttentionYesNo		
Physician Name	Phon	e
Address		
Diagnosis/Treatment		
Name of Person taking Complaint		Date
Name of Facility Operator		Date
FLDOH Inspector		Date