



Tanning Facility Injury Report Form

New Howard County Board of Health regulations require tanning facility operators to complete an injury report form should a customer file a complaint subsequent to using a tanning facility. This standard form must be used to record the report of injury. Injury report records should be safely preserved on the registered tanning facility premises for two (2) years to insure accessibility for inspection by the Health Officer. Filling out this form does not signify that your facility or its equipment has in fact caused an injury. (Regulation .18, HCTFR)

Instructions: Please complete this form.

FACILITY NAME		PHONE # w/ area code	
FACILITY ADDRESS			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip Code</i>

Name of Alleged Injured Party		PHONE # w/ area code	
Address of Alleged Injured Party			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip code</i>

Nature of Alleged Injury:			
---------------------------	--	--	--

When did alleged injury occur?		
	<i>List the date of suspected injury</i>	<i>List the attendant on duty that day</i>

If alleged injury is connected with a tanning device, list the tanning device used by the injured party					
Manufacturer	Model #	Type of Unit (<i>check type</i>)			Serial Number & Year Put-in-Service
		Bed	Booth	Other	

Signature of Attendant who took report	Printed Name & Title	Date (MM/DD/YYYY)