

CONSUMER INJURY REPORT

Please report to agency below within 5 working days

.....
TANNING FACILITY INFORMATION
.....

Name of Tanning Facility: _____

Registration Number: _____

Address: _____

Phone Number: _____

Operator on Duty: _____

.....
CONSUMER INFORMATION
.....

Date of Complaint: _____

Date of Injury: _____

Name of Affected Person: _____

Injury Type: _____

Duration of Tanning Exposure: _____

Name of Attending Physician: _____

Medical Attention Sought: _____

Treatment: _____

Other Related Comments: _____

.....
A copy of this report shall be sent to the agency within 5 WORKING DAYS after the occurrence to:

**NCDENR
DIVISION OF ENVIRONMENTAL HEALTH
RADIATION PROTECTION SECTION
1645 MAIL SERVICE CENTER
RALEIGH, NC 27699-1645
FAX 919-571-4148**