CONSUMER INJURY REPORT

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:

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Radiation Protection Section
1645 Mail Service Center • Raleigh, North Carolina 27699-1645
http://www.nccompliance.net