

**TANNING INJURY REPORT**  
(Please type or print the information below.)

<b>Tanning Facility Information</b>			Registration – Permit Number:	
1. Name:			2. Telephone:	
3. Physical Address:	4. City:	5. Parish:	6. State:	7. Zip Code:
8. Mailing Address:	9. City:	10. Parish:	11. State:	12. Zip Code:
<b>Registrant (Owner/Proprietor) Information</b>				
13. Name:			14. Telephone:	
15. Mailing Address:	16. City:	17. State:	18. Zip Code:	
19. Manager's Name:			20. Operator's Name:	
<b>Tanning Equipment Information</b>				
21. Name of Manufacturer:			22. Model Number:	23. Serial Number:
24. Date of Manufacture:	25. Bed or Booth:	26. Type of UV Lamps:		
<b>Injury Information</b>				
27. Name of Injured Party:				28. Telephone:
29. Address:	30. City:	31. State:	32. Zip Code:	
33. Name of parent of minor (if injured party is a minor):				
34. Date injury reported:	35. Date of injury:	36. Duration of UV Exposure:		
37. Describe injuries: (Attach supplemental sheet if necessary)				
38. Name of attending physician:				39. Telephone:
40. Address:	41. City:	42. State:	43. Zip Code:	
44. Registrant's Signature:				45. Date: