



REPORT OF INJURY OR BURN DURING USE OF A TANNING DEVICE

Please send this completed form to:

**Iowa Department of Public Health
Bureau of Radiological Health/5th Floor
Lucas State Office Bldg
321 East 12th Street
Des Moines, IA 50319**

Or you can email it to
adpereg@idph.iowa.gov

Questions?
Call us at **(515) 281-0430**

FACILITY INFORMATION

Facility Name: _____ Facility Phone: _____
Facility Address: _____
Facility Permit Number: _____ Facility Email: _____
Owner/Manager Name: _____ Owner/Manager Phone: _____

INJURED PERSON INFORMATION

Full Name: _____
Is the person under the age of 18? Yes No
- If, so, please provide the parent/guardian name: _____
Address: _____ Phone: _____

INJURY INFORMATION

Date of Injury: _____ Time of Injury: _____
Type of Injury: _____
Device at time of injury (include model): _____
Description of Injury: _____

TREATMENT INFORMATION

Name of doctor treating patient: _____
Name of Hospital/Clinic: _____
Address: _____
Phone number: _____
Any follow up notes from doctor:

FACILITY MANAGEMENT INFORMATION

Was the injured person provided information on tanning policies and procedures? _____
What form of supervision took place? _____
Where there any witnesses to the injury? _____
- If yes, name(s) of witness? _____
Was the owner/manager on site at time of the injury? _____
Was the owner/manager called once the injury was reported? _____

FORWARD COPY TO IDPH WITHIN 5 WORKING DAYS OF INJURY NOTIFICATION