

## APPENDIX A – INCIDENT REPORTING FORM

In the event that a customer reports a sunburn injury arising from the use of a tanning device, the tanning facility shall provide the customer with this form for completion. The completed form shall be submitted to Central Valley Health District's Environmental Health Department. All inquiries regarding this reporting requirement shall be directed to the Environmental Health Department.

PERSON INVOLVED INFORMATION			
Name:		Telephone Number:	
Address:		City, State, Zip:	

  

FACILITY INFORMATION	
Facility Name:	Telephone Number:
Address:	City, State, Zip:

  

DESCRIPTION OF INCIDENT			
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Room Number:	Duration of Tanning Exposure ( <i>in minutes</i> ):
Device Manufacturer:		Device Model Number:	

  

DESCRIPTION OF INJURY		
Location of Injury:	Type of Injury:	Size of Injury:
Severity of Injury: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Onset of Symptoms: <input type="checkbox"/> Immediate <input type="checkbox"/> Delayed ( <i>duration</i> ):	
Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>skip to end</i> )	If yes, what type: <input type="checkbox"/> Urgent Care / ER <input type="checkbox"/> Clinic <input type="checkbox"/> Other:	
Medical Provider Name:	Healthcare Facility:	
Facility Address:	City, State, Zip:	
Description of Treatment and Diagnosis:		

**The completed report must be submitted immediately using one of the following methods:**

Mail:  
Central Valley Health District  
Environmental Health Department  
122 2<sup>nd</sup> Street NW  
Jamestown, ND 58401

Fax:  
701-252-8137

Email:  
mabata@nd.gov