RULE 5 TANNING FACILITIES
CENTRAL VALLEY HEALTH DISTRICT
Environmental Health Department
EH 502 (08/2026)

APPENDIX D – INCIDENT REPORT 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.

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

INFORMATION OF PERSON INVOLVED			
Name:			Telephone Number:
Address:	City:	State:	Zip Code:

DESCRIPTION OF INCIDENT			
Date:	Time:	Room Number:	Duration of Tanning Exposure: (in minutes)
Device Manufacturer:		Device Model Number:	

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

Form may be submitted using one of the following methods:

Mail or Deliver to: Central Valley Health District
Environmental Health Department
122 2nd St NW
Jamestown, ND 58401

Email: eh@centralvalleyhealth.org
Fax: 701-252-8137