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South Carolina Department of Health and Environmental Control

Report of Consumer Tanning Injury
Bureau of Radiological Health

Purpose

The purpose of this form is to obtain information from a tanning facility registrant regarding an actual or alleged consumer tanning injury. This is a mechanism for reporting such injuries to the Department as required by the tanning regulations.

Item by Item Instructions

Name of Tanning Facility – Use name as registered with the Department.

Registration Number – Indicate the registration number assigned by the Department.

Mailing Address and Street Address – Indicate the current mailing address and street address for the tanning facility.

Telephone Number – Indicate the telephone number of the tanning facility.

Operator on Duty – Indicate the name of the operator on duty when the actual or alleged injury occurred.

Name of Affected Person – Indicate the name of the consumer who received the actual or alleged tanning injury.

Date of Complaint – Indicate the date that the consumer contacted your facility regarding the actual or alleged tanning injury.

Date of Injury – Indicate the date that the consumer stated the actual or alleged injury occurred.

Injury Type – Specify the exact type of injury, such as facial burns, eye irritation, etc. Be specific about the area affected and the nature of the injury.

Duration of Tanning Exposure – Indicate the estimated duration of the tanning exposure in minutes for the visit in which the actual or alleged injury was reported.

Name of Attending Physician – Indicate the name of the physician who attended to the consumer.

Medical Attention Sought – Indicate the type of medical attention sought, such as Emergency Room or Dermatology office.

Treatment – Describe the specific treatment that was given by the attending physician.

Other Related Comments – Indicate any other pertinent information relating to the actual or alleged tanning injury.

Tanning Equipment Room # - Indicate the number or other room identification where the consumer received the actual or alleged tanning injury.

Type of Device – Specify the type of tanning device, such as bed, bed with facial lamp(s), booth, or high pressure unit.

Manufacturer, Model #, Serial # - Indicate this information regarding the tanning device the consumer used that resulted in the actual or alleged tanning injury.

Lamp manufacturer and model # - Indicate the manufacturer and the model # of the lamps in the tanning device used during the actual or alleged tanning injury.

OFFICE MECHANICS AND FILING

When the report form is received, it will be checked to ensure it has been sent to the Department within 5 working days after the occurrence. If the limit has been exceeded, the registrant will be cited for being in violation of R61-106. The Department will contact the registrant to validate the information and issue a written citation. If the time limit has not been exceeded, the Department will contact the registrant by phone to validate the information. Under either circumstance, the injury form is to be filed in the registrant's file.

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Tanning Facility Information

Name of Tanning Facility	
Registration Number	
Mailing Address	
Street Address	
Telephone Number	
Operator on Duty	

Consumer Information

Name of Affected Person	
Date of Complaint	
Date of Injury	
Injury Type	
Duration of Tanning Exposure	
Name of Attending Physician	
Medical Attention Sought	
Treatment	
Other Related Comments	

Tanning Equipment Information

Room #	Type of Device	
Equipment Manufacturer	Model #	Serial #
Lamp Manufacturer	Lamp Model #	

A copy of this report shall be sent to the Department within 5 working days after the occurrence to:

DHEC
Bureau of Radiological Health
2600 Bull Street
Columbia, SC 29201

Telephone (803) 545-4400 Fax (803) 545-4412