

# CONSUMER INJURY REPORT

.....  
**TANNING FACILITY INFORMATION**  
.....

**Name of Tanning Facility:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Operator on Duty:** \_\_\_\_\_

.....  
**CONSUMER INFORMATION**  
.....

**Date of Complaint:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Name of Affected Person:** \_\_\_\_\_

**Injury Type:** \_\_\_\_\_

**Duration of Tanning Exposure:** \_\_\_\_\_

**Name of Attending Physician:** \_\_\_\_\_

**Medical Attention Sought:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Other Related Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
***A copy of this report shall be sent to the agency within 5 WORKING DAYS after the occurrence to:***

Bureau of Non-Long-Term Care  
2525 North 7th Street, Suite 210  
Harrisburg, PA 17110  
717-547-3620 opt#1  
RA-DHIndoorTanning@pa.gov