Colorado Department of Public Health and Environment

MAIL COMPLETED INJURY REPORT TO:

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Division of Environmental Health & Sustainability
4300 Cherry Creek Drive South
C-1
Denver, CO 80222-1530
Phone: (303) 692-3645

ARTIFICIAL TANNING FACILITIES
REPORT OF ACCIDENT, INJURY OR ADVERSE REACTION

The owner of an artificial tanning facility is required under the provisions of C.R.S. 25-5-1007(6) to file a written report of any accident or adverse reaction caused by the use of any artificial tanning device within fifteen (15) days after discovery of the event to the Colorado Department of Public Health and Environment	Adverse reaction may include but not be limited to the following types of incidents: a painful blistering burn, communicable skin and eye disease, skin cancer, eye injuries, cataract, etc.

1. Name of affected individual: _____

2. Facility Name:_____

3. Facility address: _____

4. City: _____ ZIP _____ Telephone (____) _____

   County in which facility is actually located:_____

5. Name Owner/Registrant:_____

6. Identification of specific tanning equipment involved:

   Manufacturer: _____ Model No: _____

7. Date of injury:_____ Duration of exposure in minutes:_____

8. Name of attending physician or other health professional:

   _____

(PLEASE COMPLETE REVERSE SIDE)

9. Nature of actual injury or adverse reaction:

_____

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10. If the tanning device was not responsible for the accident or adverse reaction, please explain:

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Please be advised under the provisions of C.R.S. 25-5-1007(6) "…Any records, reports or information obtained from a person pursuant to the provisions of this part (6) shall be closed and confidential."

Owner Signature _____ Date _____