



## CHILD PASSENGER SAFETY ACTIVITY REPORT

Agency \_\_\_\_\_ County \_\_\_\_\_

Reporting for (month/ year) \_\_\_\_\_ to (month/ year) \_\_\_\_\_

Number of seats with NO misuse \_\_\_\_\_

Number arriving uninstalled \_\_\_\_\_

Number of seats distributed \_\_\_\_\_

Total number of seats inspected \_\_\_\_\_

### Comments

---

---

---

---

### RETURN COMPLETED FORM TO:

Minnesota Child Passenger Safety Program, Attention: Irene Jones  
Minnesota Department of Public Safety – Office of Traffic Safety  
445 Minnesota Street Suite 150, St. Paul, MN 55101  
FAX: 651-297-4844 or email Irene.Jones@state.mn.us

For Office Use Only:

Date rec'd: \_\_\_\_\_ Date logged \_\_\_\_\_