



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: Shannon Ryder
Minnesota Department of Public Safety – Office of Traffic Safety
445 Minnesota Street Suite 150, St. Paul, MN 55101
FAX: 651-297-4844 or email Shannon.ryder@state.mn.us

For Office Use Only:

Date rec'd: _____ Date logged _____