

EXAMPLE



CHILD PASSENGER SAFETY ACTIVITY REPORT

Activity included: Organization held clinic By Appointment
 Both clinic and appointment

Clinic Host (if applicable)

Hosting agency: ABC fire department Name/ tech of person reporting Paul Johnson

Technician # 1234 5678 9101 _____

please list all technicians present at the clinic

Did you post this course to the web site at: www.buckleupkids.state.mn.us? Yes _____ No X

Number of clinics reporting for 3 Dates of clinics 5/5; 5/11; 5/30;

Number of seats inspected 30 Number of seats with NO misuse 2

Number arriving uninstalled 4 Numbers of seats distributed from clinic host 1

Number of seats distributed from State of Minnesota grant program 0

By appointment (if applicable)

Technician # 1234 _____ 1212 _____ 4141 _____

please list all technicians in your agency that you are reporting for

reporting for (month/ year) 5/2017 Number of seats inspected (not including clinics mentioned above) 45

Number of seats with NO misuse 4 Number arriving uninstalled 30

Number of seats distributed from agency 2

Number of seats distributed from State of Minnesota grant program 4

Resources provided to parents

Don't Skip a Step _____ Buckle Up Kids _____

Comments: biggest misuse this month was not properly using the latch system. I think we could highlight that on the website, parents are not understanding this.

Information is complete and accurate to the best of my ability (this needs to be a wet signature)

Signature of person reporting

For Office Use Only: Date rec'd: _____ Date logged _____

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



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Clinic Host (if applicable)

Hosting agency: _____ Name/ tech of person reporting _____

Technician # _____

please list all technicians present at the clinic

Did you post this course to the web site at: www.buckleupkids.state.mn.us? Yes ____ No ____

Number of clinics reporting for _____ Dates of clinics _____

Number of seats inspected _____ Number of seats with NO misuse _____

Number arriving uninstalled _____ Numbers of seats distributed from clinic host _____

Number of seats distributed from State of Minnesota grant program _____

By appointment (if applicable)

Technician # _____

please list all technicians in your agency that you are reporting for

time frame reporting for (month/ year) _____ to (month/year) _____

Number of seats inspected _____ Number of seats with NO misuse _____ Number arriving uninstalled _____

Number of seats distributed from agency _____

Number of seats distributed from State of Minnesota grant program _____

Resources provided to parents

Don't Skip a Step _____ Buckle Up Kids _____

Comments

Information is complete and accurate to the best of my ability _____

Signature of person reporting

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