



CHILD PASSENGER SAFETY ACTIVITY REPORT

Activity included: Organization held clinic By Appointment

Clinic Host (if applicable)

Agency: _____

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

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

Number of seats documented MIS USE _____

By appointment (if applicable)

Technician # _____ 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 documented MIS USE _____

If reporting for more than one Technician in your organization By appointment (if applicable)

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

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

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If reporting for more than one Technician in your organization By appointment (if applicable)

Technician # _____ 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 documented MIS USE _____

Resources provided to parents

Don't Skip a Step _____ Buckle Up Kids _____

Comments

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