

CPS TECHNICIAN QUESTIONNAIRE

Name: _____

Organization: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

1.) Please indicate what best describes your current role in child passenger safety:

I am still involved in the child restraint issue. (Please check as many as apply.)

___ One on one inspection of car seats by appointment.

___ Educational Presentations (list type of audience you are reaching)

___ Car Seat Clinics

___ Other _____

I am not involved in the child restraint issue for these reasons (Please check as many as apply.)

___ Lack of funding

___ Lack of support from department or place of work

___ Lack of time

___ Change in position

___ Other _____

2.) Please send me updated child passenger safety information by e-mail or mail (circle one)

E-mail address _____

PLEASE FAX OR MAIL YOUR RESPONSE TO THE
DIVISION OF HIGHWAY SAFETY AT (860)594-2374
Or email James.Peay@po.state.ct.us