



TSA-B Injury Prevention Program Report

1. Contact & Event Information

* 1. Please Fill Out Completely

Name

Service or Facility

Email Address

Phone Number

2. In what city was the event held? Include location (school, church, park, community center)

3. What date and time was your event?

Date / Time

MM	DD	YYYY	hh	mm	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



TSA-B Injury Prevention Program Report

2. Description of Program

* 4. Please, briefly, describe the intended results you wished to achieve from this presentation.

* 5. Please select type of program presented, or if not in the list type in other.



TSA-B Injury Prevention Program Report

3. Audience Information

Please document the numbers of each age group that received this program.

* 6. Please, briefly, describe the intended audience for this program.

* 7. Please enter the approximate number of each age group attending:

0-1 Year

2-4 Years

5-7 Years

8-12 Years

13-17 Years

18-25 Years

26-29 Years

30-39 Years

40-49 Years

50-59 Years

60-69 Years

70-79 Years

80+ Years



TSA-B Injury Prevention Program Report

4. Target Outcome

8. Please, briefly, give an after action report of your event. (ie: 6 kids came in: 2 kids secured properly, 4 kids unsafe, 4 car seats distributed). Include tips for yourself or others hosting the same type of event (car seat events during summer needs to be indoors or under canopy), or lessons learned.



TSA-B Injury Prevention Program Report

5. TSA-B Resources Provided

9. What resources did TSA-B provide to you for this program.

* 10. If you used TSA-B's resources, did you announce, advertise, or promote TSA-B as a contributing sponsor prior to, during and/or after your event ? (examples: banner, flyer, t-shirt, PSA's, newsletter, newspaper, verbal, displayed logo)



TSA-B Injury Prevention Program Report

6. B-Con Information

11. Number of AEDs at the location that was trained.



TSA-B Injury Prevention Program Report

7. Thank you for completing the Injury Prevention Program Report