# **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?

	MM	DD	YYYY	hh	mm	AM/PM
Date / Time		1	/		:	-

### **TSA-B Injury Prevention Program Report**

2. Description of Program

\* 4. Please select type of program presented, or if not in the list type in other.



\* 5. Please, briefly, describe the intended results you wished to achieve from this presentation.

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### 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.

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	

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

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#### 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)