

## NMCSSDP Quarterly Inventory Reporting Form

Please complete and return to **Safer** at the end of each quarter.

Name of distribution site:

Name of NMCSSDP Coordinator:

Date:

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Reporting for the quarter:

- October through December  
 January through March  
 April through June  
 July through September

### REPORTING CHILD SAFETY SEAT INVENTORY

Please physically count the number of child safety seats at your site. Only include child safety seats obtained through **Safer** and the NMCSSDP. Record the number of each type of seat below:

- \_\_\_\_\_ Car beds  
\_\_\_\_\_ Convertible seats  
\_\_\_\_\_ Combination seats (booster w/harness)  
\_\_\_\_\_ High-back booster seats  
\_\_\_\_\_ Low-back booster seats

### ORDERING ADDITIONAL SEATS

If you would like to order additional child safety seats, please use your NMCSSDP Monthly Reporting Form. Please order a minimum of eight (8) seats.

**Please mail or fax completed forms to:**

Safer New Mexico Now  
Attn: Program Coordinator  
9400 Holly Avenue NE, Suite 201  
Albuquerque, NM 87122

Fax: (505) 332-7757



**Thank you for your participation in the New Mexico Child Safety Seat Distribution Program. If you have any questions, please call Safer at (505) 856-6119.**