



Highway Safety Office
 Child Safety Seat Inspection Station
 Inventory Status Report
 FY

Organization: _____
 Project Manager: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Email: _____

Inventory Month	Inventory on 1 st of the month	Inventory End of month	Seats Checked	Seats Distributed	Seats Purchased
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					
Total for Current Fiscal Year					

Report submitted by:

 Signature of Authorized Representative
 Child Safety Seat Inspection Station

 Print or Type Name

Return completed form to:

NDOT Highway Safety Office
 P.O. Box 94612
 Lincoln, Nebraska 68509-4612

Phone: (402) 471-2515
 FAX: (402) 471-3865
 Email: ndot.hso@nebraska.gov