

**SOUTH JERSEY TRAFFIC SAFETY ALLIANCE  
NJ DIVISION OF HIGHWAY SAFETY TRAFFIC SAFETY**

**CPS Activity Report** (revised)

---

Agency:

Project Number: (if applicable)

---

Type of Event

☐ CPS Checkpoint

☐ CPS Education

Date:

Location:

Start Time:

End Time:

Type of Advertisement:

**Checkpoint**

# of Seats Checked \_\_\_\_\_

# Correctly Installed \_\_\_\_\_

**List Technicians and Tech #'s**

**Education** (attach agenda)

# of Attendees \_\_\_\_\_

Instructor's Name and T or I#

\_\_\_\_\_

# \_\_\_\_\_

Name or Type of Organization Addressed

\_\_\_\_\_

**List Candidate Technicians**