



Helmet Safety Policy Data Collection Form

1. Do you currently have regularly scheduled Public Skates?

Yes \_\_\_\_\_ No \_\_\_\_\_

Day(s)/Time(s): \_\_\_\_\_

2. Do you currently have regularly scheduled School Skates?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School(s): \_\_\_\_\_

3. Does your facility currently have any written Policy/Guidelines around helmet use?

Yes \_\_\_\_\_ No \_\_\_\_\_

Brief Description of Policy/Guidelines: \_\_\_\_\_

4. Do you intend on developing any written Policy/Guidelines around helmet use?

Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

BEFORE YOU CONTINUE TO PAGE 2

PLEASE TAKE A FEW MINUTES TO REVIEW THE ATTACHED;

“HELMET SAFETY POLICY PRESENTATION”





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BEFORE CONTINUING; MAKE SURE YOU HAVE REVIEWED THE "HELMET SAFETY POLICY PRESENTATION"

5. After reviewing the "Helmet Safety Policy" Powerpoint, do you feel your Ability to Promote Helmet Use has increased?

Greatly \_\_\_\_ Slightly\_\_\_\_ Unchanged\_\_\_\_

6. After reviewing the "Helmet Safety Policy" Powerpoint, do you intend on developing any written Policy/Guidelines around helmet use?

Yes\_\_\_\_ No\_\_\_\_ Maybe\_\_\_\_

Facility/Community:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Thank you for your time,

**Jamie Gosbee**

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