



Awareness Week Data Collection Form

Name of Authority: _____

Day:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

1. Number of Badges inspected

On-street:

Off-street:

2. Breakdown of Badge Detail / Offences

a. Number of vehicles with a valid badge:

b. Number of vehicles in reserved bays with no badge:

c. Number of vehicles with an expired badge:

d. Number of fake, modified or altered badges:

e. Number of stolen badges detected:

f. Number of deceased persons badges detected:

g. Number of cancelled / lost badges detected:

3. Action Taken

a. Number of Warnings given / issued:

b. Number of PCN's issued:

c. Number of badges seized:

d. Number of vehicles removed: