

Mentoring Seatbelt Safety
BASELINE UTILIZATION RATES

SUMMARY SHEET

DATE: _____ TIME OF DAY: _____

NUMBER OF PERSON'S CONDUCTING SURVEY:
OF YOUTH _____ # OF ADULTS _____

SCHOOL SITE: _____

STREET(S) & CROSS STREET(S) _____

SEATBELT USAGE SUMMARY

TOTAL NUMBER OF YOUTH OBSERVED RIDING IN A CAR:

TOTAL NUMBER OF YOUTH NOT WEARING A SEATBELT:

TOTAL NUMBER OF ADULTS NOT WEARING A SEATBELT: