

MENTORING SEATBELT SAFETY
BASELINE UTILIZATION RATES

DATE: _____ TIME OF DAY: _____

NAME OF PERSON CONDUCTING SURVEY: _____

SCHOOL SITE: _____

STREET(S) & CROSS STREET(S) _____

SEATBELT USAGE

NUMBER OF YOUTH OBSERVED RIDING IN A CAR:

NUMBER OF YOUTH NOT WEARING A SEATBELT:

NUMBER OF ADULTS NOT WEARING A SEATBELT: