

# Seat Belt Usage Survey Form

Name of school: \_\_\_\_\_

Survey Date & Time: \_\_\_\_\_

Survey Location: \_\_\_\_\_

**DIRECTIONS:** For each box, circle Y or N if the DRIVER is belted. In the first blank, document the number of passengers in the vehicle. In the second blank, document the number of passengers who were BELTED.

**EXAMPLE:** *The driver is belted, there are two passengers in the car and one of whom is belted. The box will look like this:*

<table style="border: none;"> <tr> <td style="border: none;">Y</td> <td style="border: none;">N</td> </tr> <tr> <td style="border: none;">2</td> <td style="border: none;">- 1</td> </tr> </table>	Y	N	2	- 1
Y	N			
2	- 1			

Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
____	____	____	____	____	____	____	____	____	____

Total Drivers Belted: \_\_\_\_\_ ÷ Total Driver Observations \_\_\_\_\_ = \_\_\_\_\_%

Total Passengers Belted: \_\_\_\_\_ ÷ Total Passenger Observations \_\_\_\_\_ = \_\_\_\_\_%

Please fax or mail this form to  
 Jessica Bland, Traffic Safety Youth Coordinator  
 5010 Airport Road  
 Roanoke, VA 24012  
 FAX: 540-561-7405  
 Jessica@yovaso.org  
[www.yovaso.org](http://www.yovaso.org)