Make it CLICK

Your Name: ________________________________

Primary Observer:	Secondary Observer:

Date: ______/______/______ Day of Week S/M/T/W/R/F/S Time in _____:_____ am/pm Time out _____:_____ am/pm
MM DD YY

Location: ________________________________

Obsv. #	View Obst	Seat Belt/Restraint Used				Seat Placement			Child Ethnicity/Gender				Same Veh.	Comments
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		
		Y	N	I	U	B	F	F/BF	W	B	O	M F		

General Comments: