

# Child Passenger Safety Evaluation Form

**Goal:** Identify an estimated number of unrestrained children in the community before and after funding.

**Instructions:** Observe cars for 1 hour at a place in the community where children are often present. This could include a shopping area, child care, school, health clinic, an intersection with a stop, or any other place where observers could see whether or not children are restrained. For each car, write down how many children observed in safety seats and how many children observed not in safety seats.

Complete this form **BEFORE** installing or distributing any child safety seats from the mini-grant funding. The form should be completed again **AFTER** the safety seats have been installed or distributed.

**Observer(s):** \_\_\_\_\_ **Tribe:** \_\_\_\_\_ **Community:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **to** \_\_\_\_\_

**Check one:**     Observation **Before** Installing Seats                       Observation **After** Installing Seats

Observation/Car Number	# of Children Age 0-6 in Safety Seat:	# of Children Age 0-6 <b>NOT</b> in Safety Seat:	Unable to Observe:	Notes:
1			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	
5			<input type="checkbox"/>	
6			<input type="checkbox"/>	
7			<input type="checkbox"/>	
8			<input type="checkbox"/>	
9			<input type="checkbox"/>	
10			<input type="checkbox"/>	
11			<input type="checkbox"/>	
12			<input type="checkbox"/>	
13			<input type="checkbox"/>	
14			<input type="checkbox"/>	
15			<input type="checkbox"/>	
16			<input type="checkbox"/>	
17			<input type="checkbox"/>	
18			<input type="checkbox"/>	
19			<input type="checkbox"/>	
20			<input type="checkbox"/>	
21			<input type="checkbox"/>	
22			<input type="checkbox"/>	
23			<input type="checkbox"/>	
24			<input type="checkbox"/>	
25			<input type="checkbox"/>	

# Child Passenger Safety Evaluation Form

Print off additional sheets as needed.

Observation/Car Number	# of Children Age 0-6 in Safety Seat:	# of Children Age 0-6 <b>NOT</b> in Safety Seat:	Unable to Observe:	Notes:
26			<input type="checkbox"/>	
27			<input type="checkbox"/>	
28			<input type="checkbox"/>	
29			<input type="checkbox"/>	
30			<input type="checkbox"/>	
31			<input type="checkbox"/>	
32			<input type="checkbox"/>	
33			<input type="checkbox"/>	
34			<input type="checkbox"/>	
35			<input type="checkbox"/>	
36			<input type="checkbox"/>	
37			<input type="checkbox"/>	
38			<input type="checkbox"/>	
39			<input type="checkbox"/>	
40			<input type="checkbox"/>	
41			<input type="checkbox"/>	
42			<input type="checkbox"/>	
43			<input type="checkbox"/>	
44			<input type="checkbox"/>	
45			<input type="checkbox"/>	
46			<input type="checkbox"/>	
47			<input type="checkbox"/>	
48			<input type="checkbox"/>	
49			<input type="checkbox"/>	
50			<input type="checkbox"/>	

Page \_\_\_\_\_ of \_\_\_\_\_