

Child Passenger Safety Seat Use Observational Survey Form

Observation Location : _____
(provide complete address/description)

Name of Observer: _____

Observation Date: _____ Start Time: _____

End Time: _____

Instructions: Observe for a minimum of 45 minutes at one location in your community where parents and children are frequently present. This could be a shopping area, school or day care drop off site, health clinic or fast food drive through lane. For each child ages 0-8 observed, mark down whether or not they are restrained in a car seat and estimate their age.

Observation Number	Restrained	Unrestrained	Age Category			Notes:
			0-1 yr	1-3 yr	4-8 yr	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

TOTALS T1A T2A

Observation Number	Restrained	Unrestrained	Age Category			Notes:
			0-1 yr	1-3 yr	4-8 yr	
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTALS T1B T2B

Total Children Restrained: T1A + T1B: _____
Total Children Unrestrained: T2A + T2B: _____

Usage Rate:
((T1A+T1B)/(T1A + T2A + T1B + T2B)) X100
