



Seat Belt Survey

School Name: _____ Date of Survey: _____

Survey Location: _____

Start time of day: _____ End time of day: _____

Driver - **YES** Seat Belt

Driver - **NO** Seat Belt

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Passenger(s) - **YES** Seat Belt

Passenger(s) - **NO** Seat Belt

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HOW TO CONDUCT A SEAT BELT SURVEY

Designate two people per location at a stop sign or light. When a car stops, one person observes the driver and any passengers and calls out the number of people with and without seat belts on. The other person tallies the count on the form.

Please share your survey results with the Traffic Education Office at the Montana Office of Public Instruction. PO Box 202501, Helena, MT 59620. For more information, call (406) 444-4432 or visit <http://www.opi.mt.us/Programs/DriverEd>.