

Think...Think Again/Option 4 Safety Check Summary Form

Date:	Time:
Safety Check Location:	RHA:
Form completed by:	Phone:

Section A

Number of people working during the Safety Check (include enforcement staff, health staff & volunteers)		
(use this space for ongoing tally)		
Number of vehicles checked with child occupants		
Number of child passenger restraint tickets issued		
Number of drivers receiving tickets for child passenger restraint infractions		

Section B

Occupant Restraint Offences	Total	(use this space for ongoing tally)
Child under 40 lb (18 kg) & under 6		
Tether strap or bolt incorrect or not used		
Seat belt/UAS incorrect, including no locking clip when required		
Location in vehicle		
Wrong seat for weight/height		
Shoulder harness incorrect (e.g. too loose, not threaded correctly)		
Other (specify)		
Child over 40 lb (18 kg), up to 15 years		
Misuse		
Non-use		
Adult (16 years and over)		
Misuse		
Non-use		
Other Offences (non-restraint)		