



CAR SEAT BELT & RESTRAINT CHECK

EDUCATORS NAME:		DATE:		
ADDRESS:				
CAR MAKE:		MODEL:	REGISTRATION NO.:	
	CAR RESTRAINT 1	CAR RESTRAINT 2	CAR RESTRAINT 3	CAR RESTRAINT 4
MANUFACTURES SERIAL NO.				
BRIEF DESCRIPTION				
DATE OF MANUFACTURE				
PASSED CHECK	YES / NO	YES / NO	YES / NO	YES / NO
ACTION REQUIRED / TAKEN				
SEAT BELTS				
NUMBER OF SEAT BELTS CHECKED: 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9		ACTION REQUIRED / TAKEN:		
PASSED CHECK: YES / NO				
OTHER ITEMS				
DICKIE SEAT FITTED: YES / NO		BRIEF DESCRIPTION:		
FORWARD OR REAR FACING:				
NUMBER OF SEAT BELTS: 2 / 3				
ACTION REQUIRED / TAKEN:				
TAILGATE / BOOT STRUTS HOLDING: YES / NO				
FIRST AID KIT IN CAR: YES / NO				
ADDITIONAL COMMENTS				
NAME OF AUTHORISED ASSESSOR (PLEASE PRINT):				
SIGNATURE:			DATE:	
AUTHORISED ASSESSORS STAMP:				