

Student Vehicle Occupant Restraint Systems Details*

Participant Name: _____
 Vehicle Year: _____
 Vehicle Color/Body Style: _____

Vehicle Make: _____
 Vehicle Model: _____

TO BE COMPLETED BY INSTRUCTOR:	Position in Vehicle	
Component	Front Center <input type="checkbox"/> N/A	Front Passenger <input type="checkbox"/> N/A
Seat Belt System:	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Seat Belt:	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder
Retractor:	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable
Latch Plate:	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable
LATCH:	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor
Air bag:	<input type="checkbox"/> None <input type="checkbox"/> Front	<input type="checkbox"/> None <input type="checkbox"/> Front <input type="checkbox"/> Side: Type** = _____
Adjustable Shoulder Belt Anchor: ...	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Restraint:	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Features/Issues***:		
Component	Rear Center <input type="checkbox"/> N/A	Rear Outboard: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> N/A
Seat Belt System:	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Seat Belt:	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder
Retractor:	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable
Latch Plate:	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable
LATCH:	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor
Air bag:	<input type="checkbox"/> None <input type="checkbox"/> Front	<input type="checkbox"/> None <input type="checkbox"/> Front <input type="checkbox"/> Side: Type** = _____
Adjustable Shoulder Belt Anchor: ...	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Restraint:	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Features/Issues***:		
Component	3rd Row Center <input type="checkbox"/> N/A	3rd Row Outboard: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> N/A
Seat Belt System:	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Seat Belt:	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder	<input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap and shoulder
Retractor:	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable	<input type="checkbox"/> None <input type="checkbox"/> ALR <input type="checkbox"/> ELR <input type="checkbox"/> Switchable
Latch Plate:	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable	<input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn <input type="checkbox"/> Switchable
LATCH:	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor	<input type="checkbox"/> None <input type="checkbox"/> Lower Anchor <input type="checkbox"/> Tether Anchor
Air bag:	<input type="checkbox"/> None <input type="checkbox"/> Front	<input type="checkbox"/> None <input type="checkbox"/> Front <input type="checkbox"/> Side: Type** = _____
Adjustable Shoulder Belt Anchor: ...	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Head Restraint:	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, is it adjustable? <input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Features/Issues***:		
Owner's Manual: <i>Air Bag Information</i> - Page # _____ <i>LATCH Information</i> - Page # _____ <i>No manual available</i> <input type="checkbox"/>		

*To be filled out by the Instructor team **Such as in the door, in the seat, curtain, tubular, etc.

***Such as knee or foot air bags, shoulder belt comfort clips, deep contours/buckets, asymmetrical belt anchors, etc.