National Child Passenger Safety Certification Training Program
CPS Check Form

Caregiver Name: _____

Address: _____

Vehicle Year: _____ Make: _____ Model: _____

Child's Name: _____ Age: _____ Weight: _____ Height: _____

I understand and agree that:

☐ The purpose of this program is to help reduce improper use of car seats, booster seats, and seat belts and that this inspection is provided as a free service to me.

☐ This program cannot fully evaluate the quality, safety, or condition of my child restraint or any component of my vehicle, including the seats, seat belt, or LATCH.

☐ This program cannot guarantee my child's safety in a crash and it is important to read both the vehicle and child restraint instruction manuals.

For these reasons, I release all program sponsors, volunteers, and Instructors from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

_____   _____
Caregiver Signature   Date

VEHICLE ON ARRIVAL

1. Mark an X on vehicle grid where car seat or booster seat was located.
2. Mark an M if car seat or booster seat was moved.
3. Mark an N for new car seat or booster seat installation.

D Driver		

4. Child present? ☐ YES ☐ NO ☐ Unborn
5. Child seated near active front passenger air bag? ☐ YES ☐ NO
6. Child in restraint? ☐ YES ☐ NO *(proceed to summary)*
7. Seat installed? ☐ YES ☐ NO ☐ NA

SEAT INFORMATION

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

1. Seat recalled? ☐ YES ☐ NO ☐ UNSURE
2. If recalled, has defect been repaired? ☐ YES ☐ NO ☐ UNSURE
3. Original owner/history known? ☐ YES ☐ NO ☐ UNSURE
4. Seat been in a crash? ☐ YES ☐ NO ☐ UNSURE
5. Seat expired? ☐ YES ☐ NO ☐ UNSURE
6. Caregiver registered car seat? ☐ YES ☐ NO ☐ UNSURE

CHILD ARRIVES REAR-FACING (CHECK ONE)

☐ Rear-Facing with Base   ☐ Rear-Facing w/o Base   ☐ Convertible

1. Seat appropriate for height and weight of child? ☐ YES ☐ NO ☐ NA
2. Seat appropriate for child's age? ☐ YES ☐ NO ☐ NA
3. Harness straps at or below shoulders? ☐ YES ☐ NO ☐ NA
4. Harness retainer clip used correctly? ☐ YES ☐ NO ☐ NA
5. Harness straps snug (pinch test-no slack)? ☐ YES ☐ NO ☐ NA
6. Harness straps threaded and attached correctly? ☐ YES ☐ NO ☐ NA

7. Recline appropriate?	☐ YES	☐ NO	☐ NA
8. Carrying handle in correct position for travel?	☐ YES	☐ NO	☐ NA
9. Belt path correct?	☐ YES	☐ NO	☐ NA
10. Seat installed with (check all that apply):	☐ Seat Belt	☐ Lower anchors	☐ Tether
11. Seat belt or lower anchors used correctly?	☐ YES	☐ NO	☐ NA
12. Tether used correctly?	☐ YES	☐ NO	☐ NA

CHILD ARRIVES FORWARD-FACING WITH HARNESS

☐ Convertible   ☐ Forward-Facing Only

1. Seat appropriate for height and weight of child?	☐ YES	☐ NO	☐ NA
2. Seat appropriate for child's age?	☐ YES	☐ NO	☐ NA
3. Harness straps at or below shoulders?	☐ YES	☐ NO	☐ NA
4. Harness retainer clip used correctly?	☐ YES	☐ NO	☐ NA
5. Harness straps snug (pinch test-no slack)?	☐ YES	☐ NO	☐ NA
6. Harness straps threaded and attached correctly?	☐ YES	☐ NO	☐ NA
7. Seat adjusted in appropriate position (upright unless otherwise allowed by instructions)	☐ YES	☐ NO	☐ NA
8. Belt path correct?	☐ YES	☐ NO	☐ NA
9. Seat installed with (check all that apply):	☐ Seat Belt	☐ Lower anchors	☐ Tether
10. Seat belt or lower anchors used correctly?	☐ YES	☐ NO	☐ NA
11. Tether used correctly?	☐ YES	☐ NO	☐ NA
12. LATCH weight limits observed?	☐ YES	☐ NO	☐ NA

CHILD ARRIVES IN BELT-POSITIONING BOOSTER SEAT

☐ Backless   ☐ High Back

1. Seat appropriate for height and weight of child?	☐ YES	☐ NO	☐ NA
2. Seat appropriate for child's age?	☐ YES	☐ NO	☐ NA
3. Is lap-shoulder belt positioned correctly?	☐ YES	☐ NO	☐ NA
4. For backless boosters, is there head protection?	☐ YES	☐ NO	☐ NA
5. Seat belt or lower anchors used correctly?	☐ YES	☐ NO	☐ NA

CHILD ARRIVES IN SEAT BELT

1. Is seat belt appropriate for height of child?	☐ YES	☐ NO
2. With child's back against vehicle seat, do legs bend naturally at edge of vehicle seat?	☐ YES	☐ NO
3. Is shoulder belt over center of chest?	☐ YES	☐ NO
4. Does lap belt fit low on hips?	☐ YES	☐ NO

SUMMARY (CHECK ALL THAT APPLY)

Upon departure, how was car seat, booster seat, or child restrained?

☐ Seat belt   ☐ Lower anchors   ☐ Tether   ☐ Rear-facing   ☐ Forward-facing   ☐ NA

☐ All corrections made
☐ Not all corrections made (explain in comments)
☐ No misuse observed
☐ New car seat or booster seat recommended
☐ New car seat or booster seat provided (manufacturer/model/date) _____
☐ Caregiver installed or assisted
☐ Educational materials given

Removed non-regulated products? (explain in comments)   ☐ YES   ☐ NO   ☐ NA

Seat Information Upon Departure

Manufacturer: _____   Model Name: _____

Model Number: _____   Date of Manufacture: _____

Seat Provided by: _____   Donation Collected: _____

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____   _____
Technician Name   Date of Inspection

_____   _____
Technician Name   Date of Inspection