

Car Seat Check Form v.4.7

Online Form ID _____

First Name

Last Name

Street Address

City

State

Zip

Phone

Email Address

County

Vehicle Make/Mfg. (e.g. Chevy, Buick)

Vehicle Model (e.g. Malibu, Enclave)

Vehicle Year

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation and use of car seats, booster seats and seat belts, and that this inspection and demonstration is being provided as a free educational service to me. I realize that the program sponsors and certified child passenger safety technicians inspecting the seat(s) cannot fully evaluate the quality, safety, or condition of my car seat, booster seat, or the vehicle seat, safety belts, or any component of the vehicle now or in the future. Furthermore, I understand that the actions taken in this program will not guarantee my child's safety in a motor vehicle crash. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release any program participants, any participating organizations or individuals, including the site owner, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Today's Date

 / /

Caregiver Signature _____

Month

Day

Year

What CPS Agency is hosting this event?

Technicians Participating (T# and last name, include Primary)

What state is this event taking place in?

Event _____

CHILD _____

Child present Yes No Unborn **Child's age** 0<1 1<2 2<3 **Height/inches** **Weight/pounds**
 3<4 4<5 5<6 6<7 7<8 8<9 9+

ON ARRIVAL

CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing | NCS = No Child Seat on Arrival

1. Child/CS Location in Vehicle

- front row Other seat location Explain:
 back
 3rd row

2. Child/CS Installed Using (select all that apply)

- No CS
 Uninstalled
 Integrated Seat
 Unrestrained
 Seat Belt
 Tether
 Lower Anchor
 Other:

3. Restraint Type:

- RF Only without Base
 RF Only with Base
 Base Only
 RF Convertible
 FF with Harness
 Belt Positioning Booster
 Lap/Shoulder Seat Belt (go to #21)
 Lap Only Seat Belt (go to #21)
 Specialized Restraint
 Large Medical Seat
 Adaptive Booster
 Vest
 Other:

4. CS Labels Missing?

- Yes No N/A

5. CS MFG:

6. Model Name:

7. Model Number:

8. MFG Date (MM/DD/YYYY):

 / /

9. Expiration Date (MM/YYYY):

 / /

10. CS Expired?

- Yes No NCS Unknown

11. CS Recalled

- Yes No Unknown NCS

FINDINGS ON ARRIVAL

12. CS History Known

Yes No NCS

13. CS Involved in a Crash

Yes No Unknown NCS

14. CS Secured Per MFG's Instructions

Yes No NCS

15. CS Correct Direction Per MFG's Instructions

Yes No NCS

16. CS Correct Direction Per State's Law

Yes No NCS

17. CS Harness Correct

Yes No NCS N/A

***If no: check all that apply

Twisted

Too Loose

Retainer Clip: Wrong Placement

Harness Slot: Wrong Placement

Crotch Buckle: Location/Routing

Damaged

Harness not used

Harness Altered in Some Way

Other:

18. Recline Angle Correct

Yes No NCS N/A

19. Lower Anchors Correct

Yes No NCS N/A

***If no: check all that apply

Incorrect Use of the Vehicle Anchors

Exceeds Weight Limit

Twisted

Routing (i.e. around crotch buckle/harness/belt path)

Connector Orientation (i.e. upside down)

Too Loose

Used with a Seat Belt

Other:

20. Tether Correct

Yes No NCS N/A

***If no: check all that apply

Not Used

Too Loose

Routing

Not Appropriate Tether

Attachment (i.e. cargo tie down)

Twisted

Connector Orientation (i.e. upside down)

Exceeds Weight Limit

Other:

21. Seat Belt Correct

Yes No NCS N/A

***If no: Check all that apply

Too Loose

Retractor Not Locked

Locking Clip

Routing (i.e. around crotch buckle/harness/belt path)

Used with Lower Anchor

Child Fit (i.e. booster belt fit, behind the back, under the arm)

Other:

22. Handle Position Correct

Yes No NCS N/A

23. Are there non-regulated products?

Yes No NCS

24. Is the load leg installed correctly per manufacturer's instructions?

Yes No N/A NCS

TECHNICIAN DISCUSSED:

airbags • unused seat belts • projectiles
expiration date • premature transition
next steps • best practice vs. state law

ON DEPARTURE

25. Child/CS location in vehicle

front row Other seat location
 back Demonstration Seat
 3rd row Explain:

26. Child/CS Installed Using

(select all that apply)

No CS

Uninstalled

Integrated Seat

Unrestrained

Seat Belt

Tether

Lower Anchor

Other:

27. Is this the same CS as 'On Arrival'?

Yes No

***If no: CS Donor

Meets Eligibility Requirements

28. Was previous seat discarded?

Yes No N/A

29. Was previous seat recycled?

Yes, by caregiver. Yes, by technician. No N/A

30. Restraint type:

RF Only without Base

RF Only with Base

Base Only

RF Convertible

FF with Harness

Belt Positioning Booster

Lap/Shoulder Seat Belt

Lap Only Seat Belt

Specialized Restraint

Large Medical Seat

Adaptive Booster

Vest

Other:

31. CS MFG:

32. Model Name:

33. Model Number:

34. MFG Date (MM/DD/YYYY):

/ /

35. Expiration Date (MM/DD/YYYY):

/ /

36. Is the CS registered?

Yes No

37. Caregiver Donation

Yes No Donation Amount

38. All corrections made prior to departure?

Yes No

39. Is the CS compatible with the vehicle?

Yes No N/A

40. Educational materials given?

Yes No

CAREGIVER SIGN OFF

41. I harnessed a child/doll in a CS

Yes No N/A

42. I participated in installing this CS today.

Yes No N/A

43. Caregiver's initials _____

44. Final Inspection Sign-Off

Documentation Box: