



*SAMPLE*

## *Child Passenger Safety Log*

Name of School District \_\_\_\_\_

Address of School District \_\_\_\_\_

\_\_\_\_\_

Name of Contractor \_\_\_\_\_

Address of Contractor \_\_\_\_\_

\_\_\_\_\_

Vehicle Type \_\_\_\_\_

Vehicle License # \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Type of Child Restraint: Circle one

Infant    Convertible    Forward-Facing    Booster    Vest    Special Needs Seat

Manufacturer of Child Restraint \_\_\_\_\_

Make and Model Number \_\_\_\_\_

Date of Manufacture \_\_\_\_\_

Date Purchased \_\_\_\_\_

*SAMPLE*

## CARE and MAINTENANCE

Recall List checked:

Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recalled: Circle one YES NO

Recall Repaired: Circle one YES NO

Parts Replaced Circle one YES NO

List Replacement Parts and Date of Replacement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of Manufacturer's instructions \_\_\_\_\_

Vehicle involved in crash: Circle one YES NO

Child Restraint involved in crash: Circle one YES NO

Child Restraint replaced: Circle one YES NO

Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_