

- Virtual Check
- Recert Sign Off
- Mock Check

Car Seat Check Form v.6.0

Online Form ID _____

First Name		Last Name	
Street Address			
City	State	Zip	County
Phone	Email Address		
Vehicle: Make	Model/Trim	Year	

CAREGIVERS ARE ENCOURAGED TO VISIT CHECKTOPROTECT.ORG TO CHECK FOR VEHICLE RECALLS.

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.

Caregiver Signature	Date Month Day Year
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What Agency is hosting this car seat check?	Technicians Participating (T# and last name, include Lead Tech)		
What state is this car seat check taking place in?	How did caregiver hear about the car seat check?		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Event _____			

CHILD ON ARRIVAL	CHILD # _____
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<p>1. Child's Age in Years</p> <p><input type="radio"/> Unborn (Skip to #8)</p> <p><input type="radio"/> 0<1 <input type="radio"/> 1<2 <input type="radio"/> 2<3</p> <p><input type="radio"/> 3<4 <input type="radio"/> 4<5 <input type="radio"/> 5<6</p> <p><input type="radio"/> 6<7 <input type="radio"/> 7<8 <input type="radio"/> 8<9 <input type="radio"/> 9+</p> <p>1a. If child is under 1 year, select age in months.</p> <p><input type="radio"/> 0<3 <input type="radio"/> 3<6</p> <p><input type="radio"/> 6<9 <input type="radio"/> 9<12</p> <p>2. Weight (lbs.) 3. Height (in.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>							<p>4. How were weight and height collected?</p> <p><input type="radio"/> Caregiver Reported/Other Source</p> <p><input type="radio"/> Measured at Car Seat Check</p> <p>5. Vehicle Present</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Child Location in Vehicle</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="radio"/> Front Row</td> <td style="padding: 2px;"><input type="radio"/> No Child</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/></td> <td style="padding: 2px;"><input type="radio"/> 2nd Row</td> <td style="padding: 2px;"><input type="radio"/> 4th Row</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/></td> <td style="padding: 2px;"><input type="radio"/> 3rd Row</td> <td style="padding: 2px;"><input type="radio"/> N/A</td> </tr> </table>	D	<input type="radio"/> Front Row	<input type="radio"/> No Child	<input type="radio"/>	<input type="radio"/> 2nd Row	<input type="radio"/> 4th Row	<input type="radio"/>	<input type="radio"/> 3rd Row	<input type="radio"/> N/A	<p>7. Child Secured Using</p> <p><input type="radio"/> No Child Present (Skip to #8)</p> <p><input type="radio"/> CS Harness (Skip to #8)</p> <p><input type="radio"/> Unrestrained (Skip to #8)</p> <p><input type="radio"/> Lap-and-Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> N/A (Skip to #8)</p> <p>7a. Child Seat Belt Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Incorrect Fit on Child</p> <p><input type="radio"/> Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> Non-approved Products</p> <p><input type="radio"/> Other: _____</p>
D	<input type="radio"/> Front Row	<input type="radio"/> No Child															
<input type="radio"/>	<input type="radio"/> 2nd Row	<input type="radio"/> 4th Row															
<input type="radio"/>	<input type="radio"/> 3rd Row	<input type="radio"/> N/A															

CS FINDINGS ON ARRIVAL	CS = Car Seat RF = Rear-Facing FF = Forward-Facing
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<p>8. CS Location in Vehicle</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">D</td> <td style="padding: 2px;"><input type="radio"/> Front Row</td> <td style="padding: 2px;"><input type="radio"/> No CS (Skip to #35)</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/></td> <td style="padding: 2px;"><input type="radio"/> 2nd Row</td> <td style="padding: 2px;"><input type="radio"/> Uninstalled</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/></td> <td style="padding: 2px;"><input type="radio"/> 3rd Row</td> <td style="padding: 2px;"><input type="radio"/> 4th Row</td> </tr> </table> <p>9. CS Type</p> <p><input type="radio"/> RF Only without Base</p> <p><input type="radio"/> RF Only with Base</p> <p><input type="radio"/> Base Only</p> <p><input type="radio"/> RF Convertible</p> <p><input type="radio"/> FF with Harness</p> <p><input type="radio"/> High Back Booster</p> <p><input type="radio"/> Backless Booster</p> <p><input type="radio"/> Specialized Restraint</p> <p><input type="radio"/> Vest</p> <p><input type="radio"/> Other: _____</p>	D	<input type="radio"/> Front Row	<input type="radio"/> No CS (Skip to #35)	<input type="radio"/>	<input type="radio"/> 2nd Row	<input type="radio"/> Uninstalled	<input type="radio"/>	<input type="radio"/> 3rd Row	<input type="radio"/> 4th Row	<p>10. CS Harness Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Twisted</p> <p><input type="radio"/> Too Loose</p> <p><input type="radio"/> Retainer Clip</p> <p><input type="radio"/> Shoulder Harness Height</p> <p><input type="radio"/> Buckle Strap Position</p> <p><input type="radio"/> Damaged/Altered</p> <p><input type="radio"/> Not Used</p> <p><input type="radio"/> Splitter Plate: Incorrect Loop</p> <p><input type="radio"/> Other: _____</p> <p>11. CS Installed Using (Select all that apply)</p> <p><input type="radio"/> Lower Anchors</p> <p><input type="radio"/> Tether</p> <p><input type="radio"/> Lap-and-Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> Integrated Seat</p> <p><input type="radio"/> Load Leg</p> <p><input type="radio"/> Uninstalled (Skip to #22)</p>	<p>12. Recline Angle Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>13. Lower Anchors Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Non-approved Lower Anchors</p> <p><input type="radio"/> Exceeds Weight Limit</p> <p><input type="radio"/> Twisted</p> <p><input type="radio"/> Misrouted</p> <p><input type="radio"/> Lower Anchor Connector Upside Down</p> <p><input type="radio"/> Too Loose</p> <p><input type="radio"/> Used with Seat Belt</p> <p><input type="radio"/> Other: _____</p>
D	<input type="radio"/> Front Row	<input type="radio"/> No CS (Skip to #35)									
<input type="radio"/>	<input type="radio"/> 2nd Row	<input type="radio"/> Uninstalled									
<input type="radio"/>	<input type="radio"/> 3rd Row	<input type="radio"/> 4th Row									

CS FINDINGS ON ARRIVAL**14. Seat Belt Correct**

Yes No N/A

**If no, select all that apply.*

- Used with Lower Anchors
- Too Loose
- Retractor Not Locked
- Lock-off Misused/Not Used
- Misrouted
- Locking Clip Misused
- Seat Belt Fit (for child in booster)
- Twisted
- Other: _____

15. Tether Correct

Yes No N/A

**If no, select all that apply.*

- Not Used
- Too Loose
- Misrouted
- Non-approved Tether Anchor
- Twisted
- Tether Connector Upside Down
- Exceeds Weight Limit
- Other: _____

Are these features used correctly?**16. Carry Handle Position**

Yes No N/A

17. Load Leg

Yes No N/A

18. Anti-Rebound Bar

Yes No N/A

19. Are there non-approved products?

Yes No

20. CS Correct Direction Per MFR's Instructions

Yes No

21. CS Installed Per MFR's Instructions

Yes No Unknown

22. CS Correct for Child Age, Weight, and Height per MFR's Instructions

Yes No Unknown

23. CS Correct Per State's Law

Yes No N/A

24. CS Labels Missing

Yes No

25. CS MFR

26. Model Name

27. Model Number

28. MFR Date (MM/DD/YYYY)

□□ / □□ / □□□□

29. Expiration Date (MM/DD/YYYY)

□□ / □□ / □□□□

30. CS Expired

Yes No Unknown

31. CS Recalled

Yes No Unknown

32. CS History Known

Yes No Unknown

33. CS Involved in a Crash

Yes No Unknown

34. CS Registered

Yes No Unknown

ON DEPARTURE**35. Child/CS Location in Vehicle**

- D** Front Row 4th Row
 2nd Row Demonstration Only
 3rd Row

36. Restraint Type

- RF Only without Base
- RF Only with Base
- Base Only
- RF Convertible
- FF with Harness
- High Back Booster
- Backless Booster
- Specialized Restraint
- Vest
- No CS
- Other: _____

37. Child Secured Using

- No Child Present
- CS Harness
- Lap-and-Shoulder Belt
- Lap Belt

38. CS Installed Using

(Select all that apply)

- Lower Anchors
- Tether
- Lap-and-Shoulder Belt
- Lap Belt
- Integrated Seat
- Load Leg
- Uninstalled
- No CS (Skip to #47)

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

Yes (Skip to #45) No

39a. If no, CS provided by:

39b. Meets Eligibility Requirements

40. CS MFR

41. Model Name

42. Model Number

43. MFR Date (MM/DD/YYYY)

□□ / □□ / □□□□

44. Expiration Date (MM/DD/YYYY)

□□ / □□ / □□□□

45. CS Registered for Recalls By

Agency Caregiver N/A

46. Is the CS compatible with the vehicle?

Yes (Skip to #47)

Yes, with difficulty

No, need different CS

CS Uninstalled (Skip to #47)

46a. What difficulties did you encounter?

Lower Anchor Issues (e.g., accessibility, interaction with seat belt, length, inflexible)

Tether Issues (e.g. length, width, accessibility, availability)

Recline Angle Issues

Vehicle Seat Issues (e.g., angle, width, depth, head restraint, obstructions)

Seat Belt Issues (e.g., belt path, buckle stalk angle/length, location, inflatable belt, too short)

Insufficient Space

Load Leg Issues

Other: _____

47. Child/CS Correct on Departure

Yes No (If no, document.) N/A

TECHNICIAN DISCUSSED (Circle all that apply)

vehicle recall • airbags • unused seat belts • projectiles • premature transition • heatstroke • next steps
• best practice vs. state law • safety in and around cars • CS recycled • bulky clothing • safe sleep

CAREGIVER SIGN OFF Virtual Check**48. I harnessed a child/doll in the car seat.**

Yes No N/A

49. I installed my car seat today.

Yes No N/A

50. Caregiver's Initials _____**51. Caregiver Donation**

Yes Donation Amount _____ No

52. Educational materials given?

Yes No

53. Final Inspection Sign Off

Documentation Box: