

- Virtual Check
- Recert Sign Off
- Mock Check



Car Seat Check Form v.5.0

Online Form ID _____

First Name		Last Name	
Street Address			
City		State	Zip
Phone		Email Address	
Vehicle Make/Mfg. (e.g. Chevy, Buick)		Vehicle Model (e.g. Malibu, Enclave)	Vehicle Model Year

I understand that the sole purpose of this program is to reduce the incidence of improper installation and use of child safety seats; that this inspection is provided free of charge in the interest of public safety; that this program cannot fully evaluate the quality, safety or condition of the child safety seat, any component of my vehicle including the seats, safety belt and airbag systems; this program cannot guarantee my child's safety in a crash. I understand that to have full protective benefit of the child safety seat the infant and/or child must at all times be properly secured to the child safety seat and the child safety seat must at all times be properly secured to the vehicle in accordance with the vehicle and child safety seat manufacturer's instructions, and in conformance with Colorado law. I hereby release any program participants from any present or future liability for any injuries including death or dangers that may result from a vehicle collision or otherwise.
 I understand that on occasion a great deal of force must be used to properly secure the child safety seat into the vehicle. I release all agencies and personnel involved from liability and responsibility for any and all damage(s) caused to my vehicle and/or contents therein while installing the child safety seats.

Caregiver Signature	Inspection Date
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What CPS Agency is hosting this seat check? <input style="width: 95%;" type="text"/>	Technicians Participating (T# and last name, include Lead Tech) <input style="width: 95%;" type="text"/>
What state is this seat check taking place in? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Event _____	How did caregiver hear about the seat check? <input style="width: 95%;" type="text"/>

ON ARRIVAL **CHILD #** _____

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

7. CS Location in Vehicle <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row <input type="radio"/> No CS (Skip to #34) <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> Uninstalled <input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row <input type="radio"/> 4th Row </div> 8. CS Restraint Type <input type="radio"/> RF Only without Base <input type="radio"/> RF Only with Base <input type="radio"/> Base Only <input type="radio"/> RF Convertible <input type="radio"/> FF with Harness <input type="radio"/> High Back Booster <input type="radio"/> Backless Booster <input type="radio"/> Specialized Restraint <input type="radio"/> Vest <input type="radio"/> Other: _____	9. CS Installed Using (Select all that apply) <input type="radio"/> Lower Anchor <input type="radio"/> Tether <input type="radio"/> Lap-and-shoulder Belt <input type="radio"/> Lap Belt <input type="radio"/> Integrated Seat <input type="radio"/> Load Leg <input type="radio"/> Uninstalled (Skip to #21) 10. CS Harness Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>***If no, select all that apply.</i> <input type="radio"/> Twisted <input type="radio"/> Too Loose <input type="radio"/> Retainer Clip: Wrong Placement <input type="radio"/> Harness Slot: Wrong Placement <input type="radio"/> Crotch Buckle: Location/Routing <input type="radio"/> Damaged <input type="radio"/> Harness Not Used <input type="radio"/> Harness Altered in Some Way <input type="radio"/> Other: _____	11. Recline Angle Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A 12. Lower Anchors Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>***If no, select all that apply.</i> <input type="radio"/> Incorrect Use of the Vehicle Anchors <input type="radio"/> Exceeds Weight Limit <input type="radio"/> Twisted <input type="radio"/> Routing (i.e. around crotch buckle/harness/belt path) <input type="radio"/> Connector Upside Down <input type="radio"/> Too Loose <input type="radio"/> Used with a Seat Belt <input type="radio"/> Lock-off Misused <input type="radio"/> Other: _____
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CS FINDINGS ON ARRIVAL**13. Seat Belt Correct**

- Yes No N/A
****If no, select all that apply.*
- Used with Lower Anchor
 - Too Loose
 - Retractor Not Locked
 - Lock-off Misused
 - Routing (i.e. around crotch buckle/harness/belt path)
 - Locking Clip Misused
 - Seat Belt Fit (for child in booster)
 - Other: _____

14. Tether Correct

- Yes No N/A
****If no, select all that apply.*
- Not Used
 - Too Loose
 - Routing (i.e. around crotch buckle/harness/belt path)
 - Non-approved Tether Anchor
 - Twisted
 - Connector Upside Down
 - Exceeds Weight Limit
 - Other: _____

Are these features used correctly?**15. Handle Position**

- Yes No N/A

16. Load Leg

- Yes No N/A

17. Anti-Rebound Bar

- Yes No N/A

18. Are there non-approved products?

- Yes No

19. CS Correct Direction Per MFG's Instructions

- Yes No

20. CS Secured Per MFG's Instructions

- Yes No Unknown

21. CS Correct for Child Age, Height, and Weight per MFG's Instructions

- Yes No Unknown

22. CS Correct Per State's Law

- Yes No N/A

23. CS Labels Missing

- Yes No

24. CS MFG

25. Model Name

26. Model Number

27. MFG Date (MM/DD/YYYY)**28. Expiration Date (MM/DD/YYYY)****29. CS Expired**

- Yes No Unknown

30. CS Recalled

- Yes No Unknown

31. CS History Known

- Yes No Unknown

32. CS Involved in a Crash

- Yes No Unknown

33. CS Registered

- Yes No Unknown

ON DEPARTURE**34. Child/CS Location in Vehicle**

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

35. 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: _____

36. Child Secured Using

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

37. CS Installed Using

- (Select all that apply)
- Lower Anchor
 - Tether
 - Lap-and-shoulder Belt
 - Lap Belt
 - Integrated Seat
 - No CS (Skip to #46)
 - Load Leg
 - Demonstration Only

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

- Yes (Skip to #44) No

38a. If no, CS provided by:

38b. Meets Eligibility Requirements **39. CS MFG**

40. Model Name

41. Model Number

42. MFG Date (MM/DD/YYYY)**43. Expiration Date (MM/DD/YYYY)****44. CS Registered for Recalls By**

- Host Caregiver N/A

45. Is the CS compatible with the vehicle?

- Yes, without difficulty (Skip to #46).
- Yes, with difficulty.
- No, a different car seat is/was needed.

45a. What difficulties did you encounter?

- Lower Anchor Issues (i.e., accessibility, interaction with seat belt, length, inflexible)
- Tether Issues (i.e. length, width, accessibility, availability)
- Recline Angle Issues
- Vehicle Seat Issues (i.e., angle, width, depth, headrest, obstructions)
- Seat Belt Issues (i.e., belt path, buckle stalk angle/length, location, inflatable belt, too short)
- Insufficient Space
- Load Leg Issues
- Other: _____

46. All corrections made prior to departure?

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

TECHNICIAN DISCUSSED (Circle all that apply)

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

CAREGIVER SIGN OFF Virtual Check**47. I harnessed a child/doll in a CS.**

- Yes No N/A

48. I installed my car seat today.

- Yes No N/A

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

- Yes No

51. Educational materials given?

- Yes No

52. Final Inspection Sign Off

Documentation Box: