

- Virtual Check
- Recert Sign Off
- Mock Check



# Car Seat Check Form v.5.0

Online Form ID \_\_\_\_\_

Nombre  Apellido

Dirección

Ciudad  Estado  Código Postal  Condado

Teléfono  Correo electrónico

Marca del vehículo (p. ej. Chevrolet, Buick)  Modelo del vehículo (p. ej. Malibu, Enclave)  Año del vehículo

Entiendo que el único propósito de este programa es reducir la incidencia del uso e instalación incorrecta de asientos de seguridad para niños, y que esta inspección se brinda de manera gratuita a beneficio de la seguridad pública; que este programa no puede evaluar completamente la calidad, seguridad o condición del asiento de seguridad para niños o la de cualquier componente de mi vehículo incluidos los asientos, los sistemas de cinturón de seguridad y de bolsas de aire. Este programa no puede garantizar la seguridad de un niño en un choque. Entiendo que para tener el beneficio de protección completo del asiento de seguridad de niños, el bebé o el niño debe estar todo el tiempo correctamente asegurado al asiento de seguridad para niños y que el asiento de seguridad para niños debe estar todo el tiempo correctamente asegurado al vehículo, de acuerdo con las instrucciones del fabricante del vehículo y del asiento de seguridad para niños y de acuerdo con la ley de Colorado. Por medio de la presente eximo a cualquiera de los participantes en el programa de cualquier responsabilidad legal actual o futura por cualquier lesión, incluyendo muerte o los peligros que puedan resultar de un choque vehicular o de alguna otra cosa. Entiendo que a veces, se requiere de mucha fuerza para asegurar correctamente el asiento de seguridad para niños en el vehículo. Eximo a todas las agencias y personal involucrado de cualquier tipo de responsabilidad y de responsabilidad legal por cualquier y todos los daños causados a mi vehículo o el contenido de este durante la instalación de los asientos de seguridad para niños.

Firma del cuidador  Inspección   
 Fecha

What CPS Agency is hosting this seat check?  Technicians Participating (T# and last name, include Lead Tech)   
 What state is this seat check taking place in?   Event  How did caregiver hear about the seat check?

**ON ARRIVAL** CHILD #

<p><b>1. Child's Age in Years</b></p> <p><input type="radio"/> Unborn (Skip to #7)</p> <p><input type="radio"/> 0&lt;1 <input type="radio"/> 1&lt;2 <input type="radio"/> 2&lt;3</p> <p><input type="radio"/> 3&lt;4 <input type="radio"/> 4&lt;5 <input type="radio"/> 5&lt;6</p> <p><input type="radio"/> 6&lt;7 <input type="radio"/> 7&lt;8 <input type="radio"/> 8&lt;9 <input type="radio"/> 9+</p> <p><b>1a. If child is under 1 year, select the age in months.</b></p> <p><input type="radio"/> 0&lt;3 <input type="radio"/> 3&lt;6</p> <p><input type="radio"/> 6&lt;9 <input type="radio"/> 9&lt;12</p>	<p><b>2. Child Location in Vehicle</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row         </div> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="radio"/> No Child Present  <input type="radio"/> 4th Row         </div> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row</p> <p><b>3. Height (in.)</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><b>4. Weight (lbs.)</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p><b>5. How were height and weight collected?</b></p> <p><input type="radio"/> Caregiver Reported</p> <p><input type="radio"/> Measured at Seat Check</p>	<p><b>6. Child Secured Using</b></p> <p><input type="radio"/> No Child Present (Skip to #7)</p> <p><input type="radio"/> CS Harness (Skip to #7)</p> <p><input type="radio"/> Unrestrained (Skip to #7)</p> <p><input type="radio"/> Lap-and-shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><b>6a. Child Seat Belt Correct</b></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: <input style="width: 150px;" type="text"/></p>
--	---	--

**CS FINDINGS ON ARRIVAL** CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing

<p><b>7. CS Location in Vehicle</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row         </div> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="radio"/> No CS (Skip to #34)         </div> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> Uninstalled</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row <input type="radio"/> 4th Row</p> <p><b>8. CS Restraint Type</b></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: <input style="width: 250px;" type="text"/></p>	<p><b>9. CS Installed Using</b> (Select all that apply)</p> <p><input type="radio"/> Lower Anchor</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 #21)</p> <p><b>10. CS Harness Correct</b></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: Wrong Placement</p> <p><input type="radio"/> Harness Slot: Wrong Placement</p> <p><input type="radio"/> Crotch Buckle: Location/Routing</p> <p><input type="radio"/> Damaged</p> <p><input type="radio"/> Harness Not Used</p> <p><input type="radio"/> Harness Altered in Some Way</p> <p><input type="radio"/> Other: <input style="width: 250px;" type="text"/></p>	<p><b>11. Recline Angle Correct</b></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><b>12. Lower Anchors Correct</b></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 Use of the Vehicle Anchors</p> <p><input type="radio"/> Exceeds Weight Limit</p> <p><input type="radio"/> Twisted</p> <p><input type="radio"/> Routing (i.e. around crotch buckle/harness/belt path)</p> <p><input type="radio"/> Connector Upside Down</p> <p><input type="radio"/> Too Loose</p> <p><input type="radio"/> Used with a Seat Belt</p> <p><input type="radio"/> Lock-off Misused</p> <p><input type="radio"/> Other: <input style="width: 250px;" type="text"/></p>
---	---	--

**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**

- |   |  |
|---|--|
| <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row | <input type="radio"/> 4th Row            |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row   | <input type="radio"/> Demonstration Only |
| <input type="radio"/> <input type="radio"/> <input type="radio"/> 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  Donation Amount \_\_\_\_\_  No

**51. Educational materials given?**

Yes  No

**52. Final Inspection Sign Off**

\_\_\_\_\_

Documentation Box: