

- Virtual Check
- Recert Sign Off
- Mock Check



Car Seat Check Form v.5.1

Online Form ID _____

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

Fecha de Inspeccion

What CPS Agency is hosting this seat check?

What state is this seat check taking place in?

Event _____

Technicians Participating (T# and last name, include Lead Tech)

How did caregiver hear about the seat check?

ON ARRIVAL **CHILD #** _____

<p>1. Child's Age in Years</p> <p><input type="radio"/> Unborn (Skip to #7)</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 the 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. Child Location in Vehicle</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Front Row <input type="radio"/> 2nd Row <input type="radio"/> 3rd Row </div> <div style="width: 50%;"> <input type="radio"/> No Child Present <input type="radio"/> 4th Row </div> </div> <p>3. Height (in.) 4. Weight (lbs.)</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <p>5. How were height and weight collected?</p> <p><input type="radio"/> Caregiver Reported</p> <p><input type="radio"/> Measured at Seat Check</p>	<p>6. Child Secured Using</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>6a. 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>
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CS FINDINGS ON ARRIVAL CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing

<p>7. CS Location in Vehicle</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Front Row <input type="radio"/> 2nd Row <input type="radio"/> 3rd Row </div> <div style="width: 50%;"> <input type="radio"/> No CS (Skip to #34) <input type="radio"/> Uninstalled <input type="radio"/> 4th Row </div> </div> <p>8. CS Restraint 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>	<p>9. CS Installed Using (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>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: 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: _____</p>	<p>11. Recline Angle Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>12. 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"/> 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: _____</p>
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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 Donation Amount No

51. Educational materials given?

Yes No

52. Final Inspection Sign Off

Documentation Box: