



Nombre [grid]

Apellido [grid]

Dirección [grid]

Ciudad [grid]

Estado [grid]

Código Postal [grid]

Teléfono [grid]

Correo electrónico [grid]

Condado [grid]

Marca de vehículo. (p. ej. Chevy, Buick) [grid]

Modelo de vehículo (p. ej. Malibu, Enclave) [grid]

Año de vehículo [grid]

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.

Fecha del cuidador _____

Fecha de hoy _____

[grid] / [grid] / [grid]

What CPS Agency is hosting this event? [grid]

Technicians Participating (T# and last name, include Primary) [grid]

What state is this event taking place in? [grid] Event _____

CHILD _____

Child present [radio] Yes [radio] No [radio] Unborn Child's age [radio] 0<1 [radio] 1<2 [radio] 2<3 [radio] 3<4 [radio] 4<5 [radio] 5<6 [radio] 6<7 [radio] 8<9 [radio] 9+ Height/inches [grid] Weight/pounds [grid]

ON ARRIVAL CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing | NCS = No Child Seat on Arrival

1. Child/CS Location in Vehicle [radio] front row [radio] back [radio] 3rd row [radio] Other seat location Explain: [grid]

2. Child/CS Installed Using (select all that apply) [radio] No CS [radio] Uninstalled [radio] Integrated Seat [radio] Unrestrained [radio] Seat Belt [radio] Tether [radio] Lower Anchor [radio] Other: [grid]

3. Restraint Type: [radio] RF Only without Base [radio] RF Only with Base [radio] Base Only [radio] RF Convertible [radio] FF with Harness [radio] Belt Positioning Booster [radio] Lap/Shoulder Seat Belt (go to #21) [radio] Lap Only Seat Belt (go to #21) [radio] Specialized Restraint [radio] Large Medical Seat [radio] Adaptive Booster [radio] Vest [radio] Other: [grid]

4. CS Labels Missing? [radio] Yes [radio] No [radio] N/A

5. CS MFG: [grid]

6. Model Name: [grid]

7. Model Number: [grid]

8. MFG Date (MM/DD/YYYY): [grid] / [grid] / [grid]

9. Expiration Date (MM/YYYY): [grid] / [grid] / [grid]

10. CS Expired? [radio] Yes [radio] No [radio] NCS [radio] Unknown

11. CS Recalled [radio] Yes [radio] No [radio] Unknown [radio] NCS

FINDINGS ON ARRIVAL

12. CS History Known

Yes No NCS

13. CS Involved in a Crash

Yes No Unknown NCS

14. CS Secured Per MFG's Instructions

Yes No NCS

15. CS Correct Direction Per MFG's Instructions

Yes No NCS

16. CS Correct Direction Per State's Law

Yes No NCS

17. CS Harness Correct

Yes No NCS N/A

***If no: check all that apply

Twisted

Too Loose

Retainer Clip: Wrong Placement

Harness Slot: Wrong Placement

Crotch Buckle: Location/Routing

Damaged

Harness not used

Harness Altered in Some Way

Other:

18. Recline Angle Correct

Yes No NCS N/A

19. Lower Anchors Correct

Yes No NCS N/A

***If no: check all that apply

Incorrect Use of the Vehicle Anchors

Exceeds Weight Limit

Twisted

Routing (i.e. around crotch buckle/harness/belt path)

Connector Orientation (i.e. upside down)

Too Loose

Used with a Seat Belt

Other:

20. Tether Correct

Yes No NCS N/A

***If no: check all that apply

Not Used

Too Loose

Routing

Not Appropriate Tether

Attachment (i.e. cargo tie down)

Twisted

Connector Orientation (i.e. upside down)

Exceeds Weight Limit

Other:

21. Seat Belt Correct

Yes No NCS N/A

***If no: Check all that apply

Too Loose

Retractor Not Locked

Locking Clip

Routing (i.e. around crotch buckle/harness/belt path)

Used with Lower Anchor

Child Fit (i.e. booster belt fit, behind the back, under the arm)

Other:

22. Handle Position Correct

Yes No NCS N/A

23. Are there non-regulated products?

Yes No NCS

24. Is the load leg installed correctly per manufacturer's instructions?

Yes No N/A NCS

TECHNICIAN DISCUSSED:

airbags • unused seat belts • projectiles
expiration date • premature transition
next steps • best practice vs. state law

ON DEPARTURE

25. Child/CS location in vehicle

front row Other seat location
 back Demonstration Seat
 3rd row Explain:

26. Child/CS Installed Using

(select all that apply)

No CS

Uninstalled

Integrated Seat

Unrestrained

Seat Belt

Tether

Lower Anchor

Other:

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

Yes No

***If no: CS Donor

Meets Eligibility Requirements

28. Was previous seat discarded?

Yes No N/A

29. Was previous seat recycled?

Yes, by caregiver. Yes, by technician. No N/A

30. Restraint type:

RF Only without Base

RF Only with Base

Base Only

RF Convertible

FF with Harness

Belt Positioning Booster

Lap/Shoulder Seat Belt

Lap Only Seat Belt

Specialized Restraint

Large Medical Seat

Adaptive Booster

Vest

Other:

31. CS MFG:

32. Model Name:

33. Model Number:

34. MFG Date (MM/DD/YYYY):

/ /

35. Expiration Date (MM/DD/YYYY):

/ /

36. Is the CS registered?

Yes No

37. Caregiver Donation

Yes No Donation Amount

38. All corrections made prior to departure?

Yes No

39. Is the CS compatible with the vehicle?

Yes No N/A

40. Educational materials given?

Yes No

CAREGIVER SIGN OFF

41. I harnessed a child/doll in a CS

Yes No N/A

42. I participated in installing this CS today.

Yes No N/A

43. Caregiver's initials _____

44. Final Inspection Sign-Off

Documentation Box: