



CHILD SAFETY SEAT CHECK FORM

FORM MUST BE FILLED OUT AS SEAT WAS FOUND

Date: ____/____/____

Technician Name: _____

Tech # _____

Follow Up? Yes No

Driver's Name : _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Relationship to Child:

- Parent/Guardian
- Grandparent
- Expectant Parent
- Day Care
- Other _____

Vehicle: Year: _____ Make: _____ Model: _____

How many child safety seats in vehicle? _____

How many children in seat belts? _____

Have any of these seats been involved in a crash? _____

How many adults in seat belts? _____

Please mark or circle race/ethnicity for optional, confidential statistical purposes only:

Caucasian African American Asian Hispanic/Latino Native American Pacific Islander Other

How did you hear about our event or fit station? Drove by and saw event Flyer Radio Television _____

Website _____ Referred by _____ Other: _____

▶ 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 belts 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. 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.

Participant Signature: _____ Date Signed: _____

AIRBAGS:

- None
- Passenger Front
- Passenger Side
- Rear Side
- Window Curtain (Circle one)
- On/Off Switch Present: NO YES
- Airbags Disabled: NO YES

Location of OCCUPANTS:

(D=Diver X=Found M=Moved to)

Use C1,C2,C3 for children / T1,T2,T3 for Teens A1,A2,etc for Adult Passengers

D		

Comments: _____

_____ Initial _____

Child #1

Child Present? Yes No Expectant mom? Yes No

Child's age:

Yrs _____ Mos _____ Wt _____ Height _____

- CRS Type:
- INFANT ONLY (IO)
 - IO/base
 - CONV/RF
 - CONV/FF
 - COMBINATION
 - BP BOOSTER

Manufacturer: _____

Model Name: _____

Model Number: _____

Manuf. Date: _____

- Recall List checked: NO YES
 CSS on Recall List: NO YES
 Participant notified? NO YES
 Problem corrected? NO YES N/A

Indicate How Seat Arrived:

Yes No NA

- ✓ Is Child Within Mfg.'s Recommended height and weight range? (S)
- ✓ Child seated in appropriate location in vehicle? (I)
- ✓ If present, is carrier handle in correct position for travel?(I)
- ✓ Is seat facing correct direction? (I)
- ✓ Is seat installed at the correct angle? (I)
- ✓ Is safety belt in locked mode? (locking clip, switched retractor or locking latch plate?) (I)
- ✓ If harnessed CSS, is it tightly installed? (1" test) (I)
- ✓ Is locking clip used correctly? (I)
- ✓ Is safety belt routed correctly?(Correct belt path) (I)
- ✓ Is tether correctly used? (I)
- ✓ Is LATCH correctly used? (I)
- ✓ Harness in correct harness slots? (H)
- ✓ Harness straps snug? (H)
- ✓ Harness retainer clip at armpit level? (H)
- ✓ Harness free of tears or twists? (H)
- ✓ If "D"ring is present is harness in locked mode? (H)
- ✓ Are all Misuses Above Corrected?

CRS Replaced? Yes No

Type: Infant Only Convertible Combo BPB

Manufacturer: _____

Model Name _____

Model Number: _____

MFG Date: _____

Child #2

Child Present? Yes No Expectant mom? Yes No

Child's age:

Yrs _____ Mos _____ Wt _____ Height _____

- CRS Type:
- INFANT ONLY (IO)
 - IO/base
 - CONV/RF
 - CONV/FF
 - COMBINATION
 - BP BOOSTER

Manufacturer: _____

Model Name: _____

Model Number: _____

Manuf. Date: _____

- Recall List checked: NO YES
 CSS on Recall List: NO YES
 Participant notified? NO YES
 Problem corrected? NO YES N/A

Indicate How Seat Arrived:

Yes No NA

- ✓ Is Child Within Mfg.'s Recommended height and weight range? (S)
- ✓ Child seated in appropriate location in vehicle? (I)
- ✓ If present, is carrier handle in correct position for travel?(I)
- ✓ Is seat facing correct direction? (I)
- ✓ Is seat installed at the correct angle? (I)
- ✓ Is safety belt in locked mode? (locking clip, switched retractor or locking latch plate?) (I)
- ✓ If harnessed CSS, is it tightly installed? (1" test) (I)
- ✓ Is locking clip used correctly? (I)
- ✓ Is safety belt routed correctly?(Correct belt path) (I)
- ✓ Is tether correctly used? (I)
- ✓ Is LATCH correctly used? (I)
- ✓ Harness in correct harness slots? (H)
- ✓ Harness straps snug? (H)
- ✓ Harness retainer clip at armpit level? (H)
- ✓ Harness free of tears or twists? (H)
- ✓ If "D"ring is present is harness in locked mode? (H)
- ✓ Are all Misuses Above Corrected?

CRS Replaced? Yes No

Type: Infant Only Convertible Combo BPB

Manufacturer: _____

Model Name _____

Model Number: _____

MFG Date: _____