

CHILD CAR SEAT EDUCATION FORM

FORM MUST BE FILLED OUT AS SEAT WAS FOUND



Car Seats

COLORADO

Date: ____/____/____

Technician Name: _____

Tech # _____

Follow Up? Yes No

Driver's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship to Child:

___ Parent/Guardian

___ Expectant Parent

___ Grandparent

___ Day Care

___ Other _____

Vehicle: Year: _____ Make: _____ Model: _____

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) cause to my vehicle and/or contents therein while installing the child safety seats.

Participant Signature: _____ Date: _____

#1 Child's Name: _____

Child's: Yrs. _____ Mos. _____ Wt. _____ Ht. _____

Child present: Yes No Expectant Mom? Yes No

Airbag near child? Yes No

Location:

D		

CRS Type:

Rear Facing Only

Base w/o seat

Conv./RF

Conv./FF

Combination

BP Booster

Manufacturer: _____

Model: _____

Number: _____

Manufacture Date: _____

CSS history known? Yes No N/A

CSS involved in crash? Yes No N/A

Recall List checked? Yes No

CSS on Recall List? Yes No

Participant Notified? Yes No

Problem Corrected? Yes No N/A

No misuse observed

CSS arrived uninstalled

Parent did final install

Education materials provided

Recommended new CSS

Comments: _____

Indicate How Seat Arrived:

Yes No NA

Is Child within Mfg. 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 correct angle? (i)

Is seat tightly installed? (1" test) (i)

Is safety belt in locked mode (locking clip, switched retractor or locking latch plate)? (i)

Is locking clip/lock off used correctly?(circle which) (i)

Is safety belt routed correctly? (i)

Is tether used correctly? (i) Is

LATCH used correctly? (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)

Are all misuses above corrected?(If no, add comments)

CRS Replaced?

Yes No

Type: RFO Conv. Combo BPB

Manufacturer: _____

Model: _____

Number: _____

Manufacture Date: _____

#2 Child's Name: _____

Child's: Yrs. _____ Mos. _____ Wt. _____ Ht. _____

Child present: Yes No Expectant Mom? Yes No

Airbag near child? Yes No

Location:

D		

CRS Type:

- Rear Facing Only Base w/o seat
 Conv./RF Conv./FF
 Combination BP Booster

Manufacturer: _____

Model: _____

Number: _____

Manufacture Date: _____

CSS history known? Yes No N/A

CSS involved in crash? Yes No N/A

Recall List checked? Yes No

CSS on Recall List? Yes No

Participant Notified? Yes No

Problem Corrected? Yes No N/A

- No misuse observed CSS arrived uninstalled
 Parent did final install Education materials provided
 Recommended new CSS

Comments: _____

#3 Child's Name: _____

Child's: Yrs. _____ Mos. _____ Wt. _____ Ht. _____

Child present: Yes No Expectant Mom? Yes No

Airbag near child? Yes No

Location:

D		

CRS Type:

- Rear Facing Only Base w/o seat
 Conv./RF Conv./FF
 Combination BP Booster

Manufacturer: _____

Model: _____

Number: _____

Manufacture Date: _____

CSS history known? Yes No N/A

CSS involved in crash? Yes No N/A

Recall List checked? Yes No

CSS on Recall List? Yes No

Participant Notified? Yes No

Problem Corrected? Yes No N/A

- No misuse observed CSS arrived uninstalled
 Parent did final install Education materials provided
 Recommended new CSS

Comments: _____

Indicate How Seat Arrived:

Yes No NA

Is Child within Mfg. 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 correct angle? (i)

Is seat tightly installed? (1" test) (i)

Is safety belt in locked mode (locking clip, switched retractor or locking latch plate)? (i)

Is locking clip/lock off used correctly?(circle which) (i)

Is safety belt routed correctly? (i)

Is tether used correctly? (i)

Is LATCH used correctly?

Harness in correct harness slots? (h)

Harness straps snug? (h)

Harness retainer clip at armpit level? (h)

Harness free of tears or twists? (h)

Are all misuses above corrected?(If no, add comments)

CRS Replaced? Yes No

Type: RFO Conv. Combo BPB

Manufacturer: _____

Model: _____

Number: _____

Manufacture Date: _____

Indicate How Seat Arrived:

Yes No NA

Is Child within Mfg. recommended height and weight range? (s)

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Manufacturer: _____

Model: _____

Number: _____

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