

Car Seat Check Form v.9.0

www.carseatcheckform.org

Online Form ID _____

First Name		Last Name	
Address			
City		State	Zip
County			
Phone		Email Address	
Vehicle Make		Model/Trim	
Year			

I understand and agree that the sole purpose of this program is to help reduce the incidence of incorrect installation and use of car seats, booster seats and seat belts, and that this inspection and demonstration is being provided as a free educational service to me. I realize that the program sponsors and certified Child Passenger Safety Technicians inspecting the seat(s) cannot fully evaluate the quality, safety, or condition of my car seat, booster seat, or the vehicle seat, safety belts, or any component of the vehicle now or in the future. Furthermore, I understand that the actions taken in this program will not guarantee my child's safety in a motor vehicle crash. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release any program participants and any participating organizations or individuals, including the site owner, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Caregiver Signature	Month	Day	Year
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Vehicle recall listed? Yes No Didn't Search
Search for vehicle recalls at checktoprotect.org.

What Agency is hosting this car seat check?

What state is this car seat check taking place in?
 Event _____

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

What brought the caregiver to the seat check?

Has the caregiver attended a car seat check previously?
 Yes No Prefer Not to Answer/Don't Know

CHILD ON ARRIVAL CHILD # _____

1. Vehicle Present <input type="radio"/> Yes <input type="radio"/> No	3a. If child is under 1 year, select age in months. <input type="radio"/> 0<3 <input type="radio"/> 3<6 <input type="radio"/> 6<9 <input type="radio"/> 9<12	7. Child Secured Using <input type="radio"/> No Child Present (Skip to #8) <input type="radio"/> CS Harness (Skip to #8) <input type="radio"/> Unrestrained (Skip to #8) <input type="radio"/> Lap-and-Shoulder Belt <input type="radio"/> Lap Belt <input type="radio"/> N/A (Skip to #8)
2. Child Location in Vehicle <input type="radio"/> Front Row <input type="radio"/> No Child Present <input type="radio"/> 2nd Row <input type="radio"/> 4th Row <input type="radio"/> 3rd Row <input type="radio"/> N/A	4. Weight (lbs.) <input type="text"/> <input type="text"/> <input type="text"/> 5. Height (in.) <input type="text"/> <input type="text"/>	7a. Child Seat Belt Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>*If no, select all that apply.</i> <input type="radio"/> Incorrect Fit on Child <input type="radio"/> Shoulder Belt <input type="radio"/> Lap Belt <input type="radio"/> Non-Approved Products <input type="radio"/> Other: <input type="text"/>
3. Child's Age in Years <input type="radio"/> Unborn (Skip to #8) <input type="radio"/> 0<1 <input type="radio"/> 1<2 <input type="radio"/> 2<3 <input type="radio"/> 3<4 <input type="radio"/> 4<5 <input type="radio"/> 5<6 <input type="radio"/> 6<7 <input type="radio"/> 7<8 <input type="radio"/> 8<9 <input type="radio"/> 9+	6. How were weight and height collected? <input type="radio"/> Caregiver Reported/Other Source <input type="radio"/> Measured at Car Seat Check	

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

8. CS Location in Vehicle <input type="radio"/> Front Row <input type="radio"/> No CS (Skip to #36) <input type="radio"/> 2nd Row <input type="radio"/> Uninstalled <input type="radio"/> 3rd Row <input type="radio"/> 4th Row	10. CS Harness Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>*If no, select all that apply.</i> <input type="radio"/> Twisted <input type="radio"/> Too Loose <input type="radio"/> Chest Clip <input type="radio"/> Shoulder Harness Height <input type="radio"/> Buckle Position <input type="radio"/> Damaged/Altered <input type="radio"/> Not Used <input type="radio"/> Splitter Plate: Incorrect Loop <input type="radio"/> Other: <input type="text"/>	12. Recline Angle Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>*If no, select misuse.</i> <input type="radio"/> Too Upright <input type="radio"/> Too Reclined
9. CS Type <input type="radio"/> Infant without Detachable Base <input type="radio"/> Infant with Detachable Base <input type="radio"/> Detachable Base Only <input type="radio"/> RF Convertible <input type="radio"/> FF with Harness <input type="radio"/> High-back Booster <input type="radio"/> Backless Booster <input type="radio"/> Adaptive Restraint <input type="radio"/> Harness/Vest <input type="radio"/> Other: <input type="text"/>	11. CS Installed Using <i>*Select all that apply.</i> <input type="radio"/> Uninstalled (Skip to #23) <input type="radio"/> Lower Anchors <input type="radio"/> Tether <input type="radio"/> Lap-and-Shoulder Belt <input type="radio"/> Lap Belt <input type="radio"/> Built-in Seat <input type="radio"/> Lock-Off <input type="radio"/> Load Leg <input type="radio"/> Locking Clip	13. Lower Anchors Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A <i>*If no, select all that apply.</i> <input type="radio"/> Non-Approved Lower Anchors <input type="radio"/> Exceeds Weight Limit <input type="radio"/> Twisted <input type="radio"/> Misrouted <input type="radio"/> Lower Anchor Connector Upside Down <input type="radio"/> Too Loose <input type="radio"/> Used with Seat Belt <input type="radio"/> Other: <input type="text"/>

CS FINDINGS ON ARRIVAL

14. Seat Belt Correct

- Yes No N/A
**If no, select all that apply.*
 Used with Lower Anchors
 Too Loose
 Retractor Not Locked
 Lock-off Misused/Not Used
 Misrouted
 Locking Clip Misused/Not Used
 Seat Belt Fit (for child in booster)
 Twisted
 CS Tilted
 Other:

15. Tether Correct

- Yes No N/A
**If no, select all that apply.*
 Not Used
 Too Loose
 Misrouted
 Non-Approved Tether Anchor
 Twisted
 Tether Hook Upside Down
 Exceeds Weight Limit
 Other:

Are these features used correctly?

- 16. Carry Handle Position**
 Yes No N/A
17. Load Leg
 Yes No N/A
18. Anti-Rebound Bar
 Yes No N/A
19. Rotating Seat Locked
 Yes No N/A
20. Are there non-approved products?
 Yes No
21. CS Correct Direction per MFR's Instructions
 Yes No
22. CS Installed per MFR's Instructions
 Yes No Unknown
23. CS Correct for Child Age, Weight, and Height per MFR's Instructions
 Yes No Unknown
24. CS Correct per State's Law
 Yes No N/A

25. CS Labels Missing

- Yes No
26. CS MFR

27. Model Name

28. Model Number

29. MFR Date (MM/DD/YYYY)
 / /
30. Expiration Date (MM/DD/YYYY)
 / /
31. CS Expired
 Yes No Unknown
32. CS Recalled
 Yes No Unknown
33. CS History Known
 Yes No Unknown
34. CS Involved in a Crash
 Yes No Unknown
35. CS Registered
 Yes No Unknown

ON DEPARTURE

36. Child/CS Location in Vehicle

- Front Row 4th Row
 2nd Row Demonstration Only
 3rd Row

37. CS Type

- Infant without Detachable Base
 Infant with Detachable Base
 Detachable Base Only
 RF Convertible
 FF with Harness
 High-back Booster
 Backless Booster
 Adaptive Restraint
 Harness/Vest
 No CS
 Other:

38. Child Secured Using

- No Child Present
 CS Harness
 Lap-and-Shoulder Belt
 Lap Belt

39. CS Installed Using

- *Select all that apply.*
 Uninstalled
 Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Built-in Seat
 Lock-Off
 Load Leg
 Locking Clip
 No CS (Skip to #48)

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

- Yes (Skip to #46) No

40a. If no, CS provided by:

40b. Meets Eligibility Requirements

41. CS MFR

42. Model Name

43. Model Number

44. MFR Date (MM/DD/YYYY)

 / /

45. Expiration Date (MM/DD/YYYY)

 / /

46. CS Registered for Recalls By

- Agency Caregiver N/A

47. Is the CS compatible with the vehicle?

- Yes (Skip to #48)
 Yes, with difficulty
 No, need different CS
 CS Uninstalled (Skip to #48)

47a. What difficulties did you encounter?

- Lower Anchor Issues (e.g., accessibility, interaction with seat belt, length, inflexible)
 Tether Issues (e.g., length, width, accessibility, availability)
 Recline Angle Issues
 Vehicle Seat Issues (e.g., angle, width, depth, head restraint, obstructions)
 Seat Belt Issues (e.g., belt path, buckle stalk, angle/length, location, inflatable seat belt, too short)
 Insufficient Space
 Load Leg Issues

Other:

48. Child/CS Correct on Departure

- Yes No (If no, document.) N/A

TECHNICIAN DISCUSSED (Circle all that apply)

vehicle recall • air bags • unused seat belts • projectiles • premature transition • heatstroke • next steps
 • best practice vs. state law • safety in and around cars • CS recycled • bulky clothing • safe sleep

CAREGIVER SIGN OFF Virtual

49. I harnessed a child/doll in the car seat.

- Yes No N/A

50. I installed my car seat today.

- Yes No N/A

51. Caregiver's Initials _____

FINAL INSPECTION

52. Caregiver Donation

- Yes \$ No

53. Educational materials given?

- Yes No

54. Final Inspection Sign Off

55. Is this CS for recertification?

- Yes No

55a. If yes, Pass (____) Fail

55b. Mock Seat Check?

- Yes No

Documentation Box: