

- Virtual Check
- Recert Sign Off
- Mock Check

Car Seat Check Form v.5.0

Online Form ID _____

Primer Nombre		Apellido	
Dirección			
Ciudad	Estado	Código Postal	Condado
Numero Telefónico		Correo Electrónico	
Marca del Vehículo. (e.g. Chevy, Buick)	Modelo (e.g. Malibu, Enclave)	Año	

Por el presente comprendo y acuerdo que el propósito único de este programa es ayudar a reducir las incidencias de la instalación y uso incorrectos de asientos para niños, butacas para asientos de niños y cinturones de seguridad, y que esta inspección y demostración me son provistas como un servicio educativo gratuito. Reconozco que los patrocinadores del programa y los técnicos de seguridad de niños pasajeros matriculados que inspeccionan los asientos no pueden evaluar totalmente la calidad, seguridad ni la condición del asiento para niños, butacas para asientos de niños, el asiento del vehículo, los cinturones de seguridad, ni ningún componente del vehículo, ni ahora ni en el futuro. Más aún, comprendo que las acciones llevadas a cabo en este programa no garantizarán la seguridad de mi hijo en un accidente de automóvil. Comprendo que es importante leer y cumplir el manual de instrucción del vehículo y del asiento para niños. Por todos estos motivos, por el presente eximo a todo participante del programa, toda organización o individuo participante, incluyendo al propietario del asiento, de cualquier responsabilidad presente o futura por las lesiones o daños que pudieran surgir en un accidente automovilístico o de otra manera.

Firma del Cuidador	Fecha de Inspeccion Mes Día Año
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What CPS Agency is hosting this seat check? <input style="width: 95%;" type="text"/>	Technicians Participating (T# and last name, include Lead Tech) <input style="width: 95%;" type="text"/>
What state is this seat check taking place in? <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Event _____	How did caregiver hear about the seat check? <input style="width: 95%;" type="text"/>

ON ARRIVAL CHILD # _____

1. Child's Age in Years <input type="radio"/> Unborn (Skip to #7) <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+ 1a. If child is under 1 year, select the age in months. <input type="radio"/> 0<3 <input type="radio"/> 3<6 <input type="radio"/> 6<9 <input type="radio"/> 9<12	2. Child Location in Vehicle <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="radio"/> <input type="radio"/> Front Row <input type="radio"/> No Child Present <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> 4th Row <input type="radio"/> <input type="radio"/> 3rd Row </div> 3. Height (in.) 4. Weight (lbs.) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 5. How were height and weight collected? <input type="radio"/> Caregiver Reported <input type="radio"/> Measured at Seat Check	6. Child Secured Using <input type="radio"/> No Child Present (Skip to #7) <input type="radio"/> CS Harness (Skip to #7) <input type="radio"/> Unrestrained (Skip to #7) <input type="radio"/> Lap-and-shoulder Belt <input type="radio"/> Lap Belt 6a. 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: _____
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CS FINDINGS ON ARRIVAL CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing

7. CS Location in Vehicle <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="radio"/> <input type="radio"/> Front Row <input type="radio"/> No CS (Skip to #34) <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> Uninstalled <input type="radio"/> <input type="radio"/> 3rd Row <input type="radio"/> 4th Row </div> 8. CS Restraint Type <input type="radio"/> RF Only without Base <input type="radio"/> RF Only with Base <input type="radio"/> 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"/> Specialized Restraint <input type="radio"/> Vest <input type="radio"/> Other: _____	9. CS Installed Using (Select all that apply) <input type="radio"/> Lower Anchor <input type="radio"/> Tether <input type="radio"/> Lap-and-shoulder Belt <input type="radio"/> Lap Belt <input type="radio"/> Integrated Seat <input type="radio"/> Load Leg <input type="radio"/> Uninstalled (Skip to #21) 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"/> Retainer Clip: Wrong Placement <input type="radio"/> Harness Slot: Wrong Placement <input type="radio"/> Crotch Buckle: Location/Routing <input type="radio"/> Damaged <input type="radio"/> Harness Not Used <input type="radio"/> Harness Altered in Some Way <input type="radio"/> Other: _____	11. Recline Angle Correct <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A 12. 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"/> Incorrect Use of the Vehicle Anchors <input type="radio"/> Exceeds Weight Limit <input type="radio"/> Twisted <input type="radio"/> Routing (i.e. around crotch buckle/harness/belt path) <input type="radio"/> Connector Upside Down <input type="radio"/> Too Loose <input type="radio"/> Used with a Seat Belt <input type="radio"/> Lock-off Misused <input type="radio"/> Other: _____
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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. Le puse el arnés a un niño/muñeco hoy.

- Sí No N/A

48. Instale la silla de seguridad hoy.

- Sí No N/A

49. Iniciales del cuidador _____

50. Caregiver Donation

- Yes Donation Amount No

51. Educational materials given?

- Yes No

52. Final Inspection Sign Off