

- Virtual Check
- Recert Sign Off
- Mock Check

# Car Seat Check Form v.5.1

Online Form ID \_\_\_\_\_

First Name		Last Name	
Street 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 improper 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, 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	Inspection Date                      Month                      Day                      Year
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What CPS Agency is hosting this seat check? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Technicians Participating (T# and last name, include Lead Tech) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
What state is this seat check taking place in? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span>Event _____</span> </div>	How did caregiver hear about the seat check? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## ON ARRIVAL CHILD # \_\_\_\_\_

<b>1. Child's Age in Years</b> <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+  <b>1a. If child is under 1 year, select the age in months.</b>  <input type="radio"/> 0<3 <input type="radio"/> 3<6 <input type="radio"/> 6<9 <input type="radio"/> 9<12	<b>2. Child Location in Vehicle</b> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> Front Row   <input type="radio"/> No Child Present  <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row   <input type="radio"/> 4th Row  <input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row         </div> <b>3. Height (in.)</b> <b>4. Weight (lbs.)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <b>5. How were height and weight collected?</b> <input type="radio"/> Caregiver Reported <input type="radio"/> Measured at Seat Check	<b>6. Child Secured Using</b> <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  <b>6a. Child Seat Belt Correct</b> <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

<b>7. CS Location in Vehicle</b> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> Front Row   <input type="radio"/> No CS (Skip to #34)  <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row   <input type="radio"/> Uninstalled  <input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row   <input type="radio"/> 4th Row         </div> <b>8. CS Restraint Type</b> <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: _____	<b>9. CS Installed Using</b> (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) <b>10. CS Harness Correct</b> <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: _____	<b>11. Recline Angle Correct</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A  <b>12. Lower Anchors Correct</b> <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. I harnessed a child/doll in a CS.

- Yes  No  N/A

#### 48. I installed my car seat today.

- Yes  No  N/A

#### 49. Caregiver's Initials \_\_\_\_\_

#### 50. Caregiver Donation

- Yes  Donation Amount \_\_\_\_\_  No

#### 51. Educational materials given?

- Yes  No

#### 52. Final Inspection Sign Off

\_\_\_\_\_

Documentation Box: