

Child Restraint Checkup Form

Hold Harmless Agreement: I/We understand the car seat checkup provided today is done as a public service in the interest of community safety. The sponsoring organizations will not and cannot guarantee any child seat checked today is constructed without defects. I/we understand to have full protective benefits of a child car seat the child must be properly secured in the seat and the seat must be attached to the vehicle in accordance with the manufacturer's and vehicle's instructions. I/We agree to hold harmless the sponsoring organizations, workers, and volunteers from any present and future liability and/or damages for injuries including death, arising from or growing out of the assistance/information received today.

Your personal information only documents your participation today. We do not record or sell your personal information.

Child's Name: _____ Age: _____ Weight: _____ Height: _____

Not born Child not present

Car seat is: Installed Uninstalled No seat | Child's car seat received: New Used

Has child's car seat ever been involved in a crash? Yes No Don't Know

Vehicle Information: _____
Make _____ Model _____ Year _____ License Number _____

How did you learn about today's checkup? _____

Printed Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Phone: () _____

KDOT DEMOGRAPHIC DATA

So that we can comply with government recordkeeping, please provide the following classification information:
(The information is completely voluntary and confidential and will be used to continue Federal funding of this program.)

Check the category that most closely represents your family circumstances.

Family Yearly Income: Under \$20,000 \$20,000 to \$40,000 Over \$40,000

Race or Ethnic group: White Black Hispanic / Latino Asian / Pacific Islander

Native American Other

Total number of family members in the home: _____

Home County: _____



Station Use Only

During installation these resources were consulted: CSS Manual Vehicle Manual LATCH Manual Manufacturer's CD

Kansas Traffic Safety Resource Office Materials: CPS Law Card Booster Flyer KIDS Sticker

By initialing, caregiver _____ and checker _____ all needed corrections were made.

Exceptions noted here are caregiver's responsibility. _____

Date: _____ Station Location: _____

Technician: _____ Technician Number: _____

Second Technician: _____ Technician Number: _____

Provided New CSS:

Seat Type: Infant Convertible Combination High Back Booster No Back Booster Other _____

Manufacturer _____ Model # _____ Manufacture Date _____

Comments / Parts used _____

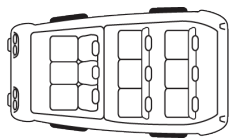
Mail, E-mail or Fax to:

Kansas Traffic Safety Resource Office
2930 SW Wanamaker Drive, Suite 100
Topeka, Kansas 66614

Scan and E-mail to: ktsro@dcca.org

Fax: 785-233-1342

- Child Car Seat Location
- Other Children
- Moved Seat Here



Yes No Is there a frontal air bag in this seating position? Remember, children under 13 years should ride in rear seat whenever possible; or air bag ON-OFF switch should be installed and air bag disabled.



Yes No Vehicle seat faces forward (not rearward or sideways)

Child Arrives In:

Rear-Facing Seat (infant or convertible) *Safest way to ride until the child reaches seat's maximum weight or head is within 1" of the top of seat shell.*

RF Convertible Infant without base Infant with base

Yes No Correct Direction Yes No Harness adjusted snugly (no slack) (Pinch test)

Yes No Child's age and / or weight appropriate for seat Yes No N/A Harness clip present (if required)

Yes No Seat shell at least one inch above head Yes No N/A Harness clip threaded correctly

Yes No Harness slots used at or below shoulders Yes No N/A Harness clip adjusted to armpit level

Yes No Seat reclined to manufacturer's recommendation Yes No N/A Handle position correct

Upper weight limit for rear facing _____ lbs. Converted seat to FF Seat

Forward-Facing Seat with Harness *Best practice is to use until outgrown: when weight reaches seat's maximum or shoulders are above top slots, or top of ears are above top of seat.*

Yes No Correct Direction Yes No N/A Harness clip present (if required)

Yes No Child's age and / or weight appropriate for seat Yes No N/A Harness clip threaded correctly

Yes No Ears at or below top of seat shell Yes No N/A Harness clip adjusted to armpit level

Yes No Harness slots used at or above shoulders Yes No N/A Upper weight limit for harness _____ lbs.

Yes No Harness in top OR reinforced slots Yes No N/A Harness approved for use above 40 lbs. (check directions)

Yes No Seat in upright position (s) (or per manufacturer) Yes No N/A Converted seat to RF Seat

Yes No Harness adjusted snugly (no slack) (Pinch Test) Yes No N/A Converted seat to BPB

Belt-Positioning Booster (BPB) *Best practice is to use when child has outgrown a forward-facing seat with a harness and does not fit vehicle seat correctly. Properly positions both the lap and shoulder belt.*

Yes No Child's age and / or size appropriate for seat

Yes No Head has whiplash protection

Yes No Used with lap/shoulder belt

Yes No Lap part of adult seat belt fits correctly

Yes No Shoulder part of adult seat belt fits properly

Upper weight limit for seat _____ lbs.

Moved to FF seat w/harness

Moved child into seat belt

Seat Belt *Best practice is to use only when child can pass the 5-STEP Test. Lap/shoulder belt is better protection than lap-only belt.*

Lap/Shoulder Belt Lap-Only Belt

Yes No Child's bottom and back are against vehicle's seat back

Yes No Child's knees bend over edge of vehicle seat without slouching

Yes No Lap belt fits low on hips touching the lap

Yes No Shoulder belt fits across center of shoulder and chest, not face or neck

Yes No Parent advises child can sit correctly every ride

Consider booster to improve belt fit

Other

Integrated seat

Car Bed

Vest

Cam Wrap (School Bus) / Car Seat

Car Seat / Booster Manufacturer Information:

Britax Graco/Century Other

Cosco/Safety 1st/Dorel Evenflo

Model Name _____

Model # _____

Manufacture Date _____

Labels missing/unreadable

Seat too old/defective - replace

Labeled for use in motor vehicle FMVSS 213

Yes No Has manufacturer's instructions

Yes No Shell/base free of splits, cracks, stress marks

Yes No N/A Metal frame free of twisting or heavy rusting

Yes No Padding and cover intact

Yes No Free from recalls/safety notices

Yes No N/A Recalls corrected (if needed) Phone# _____

Describe recall and/or any special features: _____

Installation Method:

Yes No N/A Vehicle belt or LATCH attachments properly routed

Yes No N/A Seat secured tightly in vehicle (1" max movement)

Yes No N/A Lock-off/locking clip mechanism correctly used if needed (per manufacturer's instructions)

Seat Belt: Lap-only Lap/Shoulder Door anchored

Retractor: No retractor ALR (retractor always locks)

ELR (retractor locks only in crash)

ELR/ALR (switchable retractor)

Latch plate: Free-sliding Locking

Sewn-on Switchable

Lower Anchors:

Yes No N/A CSS in designated LATCH position (check vehicle manual)

Yes No N/A Used correctly Yes No N/A Free from recalls / safety notices

Upper weight limit for LATCH _____ lbs. (LATCH or Vehicle Manual)

Harness: 3-pt. 5-pt.

Yes No N/A Harness is threaded properly on seat

Yes No N/A Harness lies flat and is not torn, frayed, or roped

Yes No N/A Harness adjuster slides (if required) are doubled back

Yes No N/A Buckle mechanism appears to open and lock properly and is free of debris

Tether:

Yes No N/A Tethered Yes No Present, not used Yes No Properly adjusted

Yes No Attached to designated tether anchor Consider using tether

Yes No Can vehicle be retrofitted with tether anchor (LATCH Manual)

If tether not used, explain why: _____