Car Seat Check Form v.4.7

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.

First Name __________________________ Last Name __________________________

Street Address ___________________________________________________________

City __________________________ State __________________________ Zip __________

Phone __________________________ Email Address __________________________

Vehicle Make/Mfg. (e.g. Chevy, Buick) __________________________ Vehicle Model (e.g. Malibu, Enclave) __________________________ Vehicle Year __________________________

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.

Caregiver Signature ______________________________________________________

What CPS Agency is hosting this event? __________________________

What state is this event taking place in? __________________________

<table>
<thead>
<tr>
<th>Child present</th>
<th>Yes</th>
<th>No</th>
<th>Unborn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's age</td>
<td>0&lt;1</td>
<td>1&lt;2</td>
<td>2&lt;3</td>
</tr>
<tr>
<td></td>
<td>3&lt;4</td>
<td>4&lt;5</td>
<td>5&lt;6</td>
</tr>
<tr>
<td></td>
<td>6&lt;7</td>
<td>7&lt;8</td>
<td>8&lt;9</td>
</tr>
<tr>
<td></td>
<td>9+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ON ARRIVAL

CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing | NCS = No Child Seat on Arrival

1. Child/CS Location in Vehicle
   - O O front row
   - O O back
   - O O 3rd row
   - O O Other seat location Explain: __________________________

2. Child/CS Installed Using (select all that apply)
   - O No CS
   - O Uninstalled
   - O Integrated Seat
   - O Unrestrained
   - O Seat Belt
   - O Tether
   - O Lower Anchor
   - O Other: __________________________

3. Restraint Type:
   - O RF Only without Base
   - O RF Only with Base
   - O Base Only
   - O RF Convertible
   - O FF with Harness
   - O Belt Positioning Booster
   - O Lap/Shoulder Seat Belt (go to #21)
   - O Lap Only Seat Belt (go to #21)
   - O Specialized Restraint
   - O Large Medical Seat
   - O Adaptive Booster
   - O Vest
   - O Other: __________________________

4. CS Labels Missing?
   - O Yes | O No | O N/A

5. CS MFG:

6. Model Name:

7. Model Number:

8. MFG Date (MM/DD/YYYY):

9. Expiration Date (MM/YYYY):

10. CS Expired?
    - O Yes | O No | O NCS | O Unknown

11. CS Recalled
    - O Yes | O No | O Unknown | O NCS

Today's Date __________________________ / __________________________ / __________________________
FINDINGS ON ARRIVAL

12. CS History Known
   Yes ☐ No ☐ Unknown ☐ NCS ☐

13. CS Involved in a Crash
   Yes ☐ No ☐ Unknown ☐ NCS ☐

14. CS Secured Per MFG’s Instructions
   Yes ☐ No ☐ NCS ☐

15. CS Correct Direction Per MFG’s Instructions
   Yes ☐ No ☐ NCS ☐

16. CS Correct Direction Per State’s Law
   Yes ☐ No ☐ NCS ☐

17. CS Harness Correct
   Yes ☐ No ☐ NCS ☐ N/A

   ***If no: check all that apply
   Other: ☐

18. Recline Angle Correct
   Yes ☐ No ☐ NCS ☐ N/A

19. Lower Anchors Correct
   Yes ☐ No ☐ NCS ☐ N/A

   ***If no: check all that apply
   Incorrect Use of the Vehicle Anchors ☐ Exceeds Weight Limit ☐ Twisted ☐ Routing (i.e. around crotch buckle/ harness/belt path) ☐ Connector Orientation (i.e. upside down) ☐ Too Loose ☐ Used with a Seat Belt
   Other: ☐

20. Tether Correct
   Yes ☐ No ☐ NCS ☐ N/A

   ***If no: check all that apply
   Not Used ☐ Too Loose ☐ Routing ☐ Not Appropriate Tether Attachment (i.e. cargo tie down) ☐ Twisted ☐ Connector Orientation (i.e. upside down) ☐ Exceeds Weight Limit
   Other: ☐

21. Seat Belt Correct
   Yes ☐ No ☐ NCS ☐ N/A

   ***If no: Check all that apply
   Too Loose ☐ Retractor Not Locked ☐ Locking Clip ☐ Routing (i.e. around crotch buckle/ harness/belt path) ☐ Used with Lower Anchor ☐ Child Fit (i.e. booster belt fit, behind the back, under the arm)
   Other: ☐

22. Handle Position Correct
   Yes ☐ No ☐ NCS ☐ N/A

23. Are there non-regulated products?
   Yes ☐ No ☐ NCS ☐

24. Is the load leg installed correctly per manufacturer’s instructions?
   Yes ☐ No ☐ N/A ☐ NCS

ON DEPARTURE

25. Child/CS location in vehicle
   ☐ ☐ front row ☐ ☐ Demonstran Seat
   ☐ ☐ back ☐ ☐ Explain:
   ☐ ☐ 3rd row

   (select all that apply)
   ☐ No CS
   ☐ Uninstalled
   ☐ Integrated Seat
   ☐ Unrestrained
   ☐ Seat Belt
   ☐ Tether
   ☐ Lower Anchor
   ☐ Other:

27. Is this the same CS as ‘On Arrival’?
   Yes ☐ No ☐

   ***If no: CS Donor
   ☐ ☐ Meets Eligibility Requirements

28. Was previous seat discarded?
   Yes ☐ No ☐ N/A

29. Was previous seat recycled?
   Yes, by ☐ Yes, by ☐ No caregiver, technician ☐ N/A

30. Restraint type:
   ☐ RF Only without Base
   ☐ RF Only with Base
   ☐ Base Only
   ☐ RF Convertible
   ☐ FF with Harness
   ☐ Belt Positioning Booster
   ☐ Lap/Shoulder Seat Belt
   ☐ Lap Only Seat Belt
   ☐ Specialized Restraint
   ☐ Large Medical Seat
   ☐ Adaptive Booster
   ☐ Vest
   ☐ Other:

31. CS MFG:

32. Model Name:

33. Model Number:

34. MFG Date (MM/DD/YYYY):

35. Expiration Date (MM/DD/YYYY):

36. Is the CS registered?
   Yes ☐ No ☐

37. Caregiver Donation
   Yes ☐ No ☐ Donation Amount

38. All corrections made prior to departure?
   Yes ☐ No ☐

39. Is the CS compatible with the vehicle?
   Yes ☐ No ☐ N/A

40. Educational materials given?
   Yes ☐ No ☐

41. I harnessed a child/doll in a CS
   Yes ☐ No ☐ N/A

42. I participated in installing this CS today.
   Yes ☐ No ☐ N/A

43. Caregiver’s initials ___________

CAREGIVER SIGN OFF

44. Final Inspection Sign-Off

Documentation Box: