

First Name

Last Name

Street Address

City

State

Zip

Phone  
 -  -

Email Address

County

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.

Today's Date  /  /   
 Month Day Year

Caregiver Signature \_\_\_\_\_

What CPS Agency is hosting this event?

Technicians Participating (T# and last name, include Primary)

What state is this event taking place in?  
 Event \_\_\_\_\_

**CHILD** \_\_\_\_\_

**Child present**  Yes  No  Unborn **Child's age**  0<1  1<2  2<3 **Height/inches**   **Weight/pounds**    
 3<4  4<5  5<6  6<7  7<8  8<9  9+

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

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

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

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

**4. CS Labels Missing?**  
 Yes  No  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?**  
 Yes  No  NCS  Unknown

**11. CS Recalled**  
 Yes  No  Unknown  NCS

## FINDINGS ON ARRIVAL

### 12. CS History Known

Yes  No  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

Twisted

Too Loose

Retainer Clip: Wrong Placement

Harness Slot: Wrong Placement

Crotch Buckle: Location/Routing

Damaged

Harness not used

Harness Altered in Some Way

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

### TECHNICIAN DISCUSSED:

airbags • unused seat belts • projectiles  
expiration date • premature transition  
next steps • best practice vs. state law

## ON DEPARTURE

### 25. Child/CS location in vehicle

front row  Other seat location  
   back  Demonstration Seat  
   3rd row Explain:

### 26. Child/CS Installed Using

(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 caregiver.  Yes, by technician.  No  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

## CAREGIVER SIGN OFF

### 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 \_\_\_\_\_

### 44. Final Inspection Sign-Off

Documentation Box: