

Car Seat Check Form v.9.0

www.carseatcheckform.org

Online Form ID _____

First Name		Last Name	
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 incorrect 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 and 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	Month	Day	Year
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Vehicle recall listed? Yes No Didn't Search
Search for vehicle recalls at checktoprotect.org.

What Agency is hosting this car seat check?

What state is this car seat check taking place in?
 Event _____

Technicians Participating (T# and last name, include Lead Tech)

What brought the caregiver to the seat check?

Has the caregiver attended a car seat check previously?
 Yes No Prefer Not to Answer/Don't Know

CHILD ON ARRIVAL CHILD # _____

1. Vehicle Present
 Yes No

2. Child Location in Vehicle
 Front Row No Child Present
 2nd Row 4th Row
 3rd Row N/A

3. Child's Age in Years
 Unborn (Skip to #8)
 0<1 1<2 2<3
 3<4 4<5 5<6
 6<7 7<8 8<9 9+

3a. If child is under 1 year, select age in months.
 0<3 3<6
 6<9 9<12

4. Weight (lbs.)
5. Height (in.)

6. How were weight and height collected?
 Caregiver Reported/Other Source
 Measured at Car Seat Check

7. Child Secured Using
 No Child Present (Skip to #8)
 CS Harness (Skip to #8)
 Unrestrained (Skip to #8)
 Lap-and-Shoulder Belt
 Lap Belt
 N/A (Skip to #8)

7a. Child Seat Belt Correct
 Yes No N/A
**If no, select all that apply.*
 Incorrect Fit on Child
 Shoulder Belt
 Lap Belt
 Non-Approved Products
 Other:

CS FINDINGS ON ARRIVAL CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing

8. CS Location in Vehicle
 Front Row No CS (Skip to #36)
 2nd Row Uninstalled
 3rd Row 4th Row

9. CS Type
 Infant without Detachable Base
 Infant with Detachable Base
 Detachable Base Only
 RF Convertible
 FF with Harness
 High-back Booster
 Backless Booster
 Adaptive Restraint
 Harness/Vest
 Other:

10. CS Harness Correct
 Yes No N/A
**If no, select all that apply.*
 Twisted
 Too Loose
 Chest Clip
 Shoulder Harness Height
 Buckle Position
 Damaged/Altered
 Not Used
 Splitter Plate: Incorrect Loop
 Other:

11. CS Installed Using
**Select all that apply.*
 Uninstalled (Skip to #23)
 Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Built-in Seat
 Lock-Off
 Load Leg
 Locking Clip

12. Recline Angle Correct
 Yes No N/A
**If no, select misuse.*
 Too Upright
 Too Reclined

13. Lower Anchors Correct
 Yes No N/A
**If no, select all that apply.*
 Non-Approved Lower Anchors
 Exceeds Weight Limit
 Twisted
 Misrouted
 Lower Anchor Connector Upside Down
 Too Loose
 Used with Seat Belt
 Other:

CS FINDINGS ON ARRIVAL

14. Seat Belt Correct

- Yes No N/A
**If no, select all that apply.*
 Used with Lower Anchors
 Too Loose
 Retractor Not Locked
 Lock-off Misused/Not Used
 Misrouted
 Locking Clip Misused/Not Used
 Seat Belt Fit (for child in booster)
 Twisted
 CS Tilted
 Other:

15. Tether Correct

- Yes No N/A
**If no, select all that apply.*
 Not Used
 Too Loose
 Misrouted
 Non-Approved Tether Anchor
 Twisted
 Tether Hook Upside Down
 Exceeds Weight Limit
 Other:

Are these features used correctly?

- 16. Carry Handle Position**
 Yes No N/A
17. Load Leg
 Yes No N/A
18. Anti-Rebound Bar
 Yes No N/A
19. Rotating Seat Locked
 Yes No N/A
20. Are there non-approved products?
 Yes No
21. CS Correct Direction per MFR's Instructions
 Yes No
22. CS Installed per MFR's Instructions
 Yes No Unknown
23. CS Correct for Child Age, Weight, and Height per MFR's Instructions
 Yes No Unknown
24. CS Correct per State's Law
 Yes No N/A

25. CS Labels Missing

- Yes No
26. CS MFR

27. Model Name

28. Model Number

29. MFR Date (MM/DD/YYYY)
 / /
30. Expiration Date (MM/DD/YYYY)
 / /
31. CS Expired
 Yes No Unknown
32. CS Recalled
 Yes No Unknown
33. CS History Known
 Yes No Unknown
34. CS Involved in a Crash
 Yes No Unknown
35. CS Registered
 Yes No Unknown

ON DEPARTURE

36. Child/CS Location in Vehicle

- Front Row 4th Row
 2nd Row Demonstration Only
 3rd Row

37. CS Type

- Infant without Detachable Base
 Infant with Detachable Base
 Detachable Base Only
 RF Convertible
 FF with Harness
 High-back Booster
 Backless Booster
 Adaptive Restraint
 Harness/Vest
 No CS
 Other:

38. Child Secured Using

- No Child Present
 CS Harness
 Lap-and-Shoulder Belt
 Lap Belt

39. CS Installed Using

- *Select all that apply.*
 Uninstalled
 Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Built-in Seat
 Lock-Off
 Load Leg
 Locking Clip
 No CS (Skip to #48)

40. Is this the same CS as 'On Arrival'?

- Yes (Skip to #46) No

40a. If no, CS provided by:

40b. Meets Eligibility Requirements

41. CS MFR

42. Model Name

43. Model Number

44. MFR Date (MM/DD/YYYY)

/ /

45. Expiration Date (MM/DD/YYYY)

/ /

46. CS Registered for Recalls By

- Agency Caregiver N/A

47. Is the CS compatible with the vehicle?

- Yes (Skip to #48)
 Yes, with difficulty
 No, need different CS
 CS Uninstalled (Skip to #48)

47a. What difficulties did you encounter?

- Lower Anchor Issues (e.g., accessibility, interaction with seat belt, length, inflexible)
 Tether Issues (e.g., length, width, accessibility, availability)
 Recline Angle Issues
 Vehicle Seat Issues (e.g., angle, width, depth, head restraint, obstructions)
 Seat Belt Issues (e.g., belt path, buckle stalk, angle/length, location, inflatable seat belt, too short)
 Insufficient Space
 Load Leg Issues

Other:

48. Child/CS Correct on Departure

- Yes No (If no, document.) N/A

TECHNICIAN DISCUSSED (Circle all that apply)

vehicle recall • air bags • unused seat belts • projectiles • premature transition • heatstroke • next steps
 • best practice vs. state law • safety in and around cars • CS recycled • bulky clothing • safe sleep

CAREGIVER SIGN OFF Virtual

49. I harnessed a child/doll in the car seat.

- Yes No N/A

50. I installed my car seat today.

- Yes No N/A

51. Caregiver's Initials _____

FINAL INSPECTION

52. Caregiver Donation

- Yes \$ No

53. Educational materials given?

- Yes No

54. Final Inspection Sign Off

55. Is this CS for recertification?

- Yes No

55a. If yes, Pass (____) Fail

55b. Mock Seat Check?

- Yes No

Documentation Box: