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

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

CHILD ON ARRIVAL   CHILD # _____

1. Vehicle Present

○ Yes   ○ No

2. Child Location in Vehicle

D	○	○ 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

D	○	○ 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

D	○	○ 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)

Documentation Box:
_____

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