

- Virtual Check
- Recert Sign Off
- Mock Check

Car Seat Check Form v.6.0

Online Form ID _____

First Name		Last Name	
Street Address			
City		State	Zip
County			
Phone		Email Address	
Vehicle: Make		Model/Trim	Year

CAREGIVERS ARE ENCOURAGED TO VISIT CHECKTOPROTECT.ORG TO CHECK FOR VEHICLE RECALLS.

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper 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, 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	Date Month Day Year
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What Agency is hosting this car seat check?	Technicians Participating (T# and last name, include Lead Tech)
What state is this car seat check taking place in?	How did caregiver hear about the car seat check?
Event _____	

CHILD ON ARRIVAL	CHILD # _____
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<p>1. Child's Age in Years</p> <p><input type="radio"/> Unborn (Skip to #8)</p> <p><input type="radio"/> 0<1 <input type="radio"/> 1<2 <input type="radio"/> 2<3</p> <p><input type="radio"/> 3<4 <input type="radio"/> 4<5 <input type="radio"/> 5<6</p> <p><input type="radio"/> 6<7 <input type="radio"/> 7<8 <input type="radio"/> 8<9 <input type="radio"/> 9+</p> <p>1a. If child is under 1 year, select age in months.</p> <p><input type="radio"/> 0<3 <input type="radio"/> 3<6</p> <p><input type="radio"/> 6<9 <input type="radio"/> 9<12</p> <p>2. Weight (lbs.) 3. Height (in.)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>					<p>4. How were weight and height collected?</p> <p><input type="radio"/> Caregiver Reported/Other Source</p> <p><input type="radio"/> Measured at Car Seat Check</p> <p>5. Vehicle Present</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Child Location in Vehicle</p> <table style="border: 1px solid black; width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="radio"/> Front Row</td> <td style="padding: 2px;"><input type="radio"/> No Child</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 2nd Row</td> <td style="padding: 2px;"><input type="radio"/> 4th Row</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 3rd Row</td> <td style="padding: 2px;"><input type="radio"/> N/A</td> </tr> </table>	<input type="radio"/> Front Row	<input type="radio"/> No Child	<input type="radio"/> 2nd Row	<input type="radio"/> 4th Row	<input type="radio"/> 3rd Row	<input type="radio"/> N/A	<p>7. Child Secured Using</p> <p><input type="radio"/> No Child Present (Skip to #8)</p> <p><input type="radio"/> CS Harness (Skip to #8)</p> <p><input type="radio"/> Unrestrained (Skip to #8)</p> <p><input type="radio"/> Lap-and-Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> N/A (Skip to #8)</p> <p>7a. Child Seat Belt Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Incorrect Fit on Child</p> <p><input type="radio"/> Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> Non-approved Products</p> <p><input type="radio"/> Other: _____</p>
<input type="radio"/> Front Row	<input type="radio"/> No Child											
<input type="radio"/> 2nd Row	<input type="radio"/> 4th Row											
<input type="radio"/> 3rd Row	<input type="radio"/> N/A											

CS FINDINGS ON ARRIVAL	CS = Car Seat RF = Rear-Facing FF = Forward-Facing
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<p>8. CS Location in Vehicle</p> <table style="border: 1px solid black; width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="radio"/> Front Row</td> <td style="padding: 2px;"><input type="radio"/> No CS (Skip to #35)</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 2nd Row</td> <td style="padding: 2px;"><input type="radio"/> Uninstalled</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 3rd Row</td> <td style="padding: 2px;"><input type="radio"/> 4th Row</td> </tr> </table> <p>9. CS Type</p> <p><input type="radio"/> RF Only without Base</p> <p><input type="radio"/> RF Only with Base</p> <p><input type="radio"/> Base Only</p> <p><input type="radio"/> RF Convertible</p> <p><input type="radio"/> FF with Harness</p> <p><input type="radio"/> High Back Booster</p> <p><input type="radio"/> Backless Booster</p> <p><input type="radio"/> Specialized Restraint</p> <p><input type="radio"/> Vest</p> <p><input type="radio"/> Other: _____</p>	<input type="radio"/> Front Row	<input type="radio"/> No CS (Skip to #35)	<input type="radio"/> 2nd Row	<input type="radio"/> Uninstalled	<input type="radio"/> 3rd Row	<input type="radio"/> 4th Row	<p>10. CS Harness Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Twisted</p> <p><input type="radio"/> Too Loose</p> <p><input type="radio"/> Retainer Clip</p> <p><input type="radio"/> Shoulder Harness Height</p> <p><input type="radio"/> Buckle Strap Position</p> <p><input type="radio"/> Damaged/Altered</p> <p><input type="radio"/> Not Used</p> <p><input type="radio"/> Splitter Plate: Incorrect Loop</p> <p><input type="radio"/> Other: _____</p> <p>11. CS Installed Using (Select all that apply)</p> <p><input type="radio"/> Lower Anchors</p> <p><input type="radio"/> Tether</p> <p><input type="radio"/> Lap-and-Shoulder Belt</p> <p><input type="radio"/> Lap Belt</p> <p><input type="radio"/> Integrated Seat</p> <p><input type="radio"/> Load Leg</p> <p><input type="radio"/> Uninstalled (Skip to #22)</p>	<p>12. Recline Angle Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>13. Lower Anchors Correct</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p><i>*If no, select all that apply.</i></p> <p><input type="radio"/> Non-approved Lower Anchors</p> <p><input type="radio"/> Exceeds Weight Limit</p> <p><input type="radio"/> Twisted</p> <p><input type="radio"/> Misrouted</p> <p><input type="radio"/> Lower Anchor Connector Upside Down</p> <p><input type="radio"/> Too Loose</p> <p><input type="radio"/> Used with Seat Belt</p> <p><input type="radio"/> Other: _____</p>
<input type="radio"/> Front Row	<input type="radio"/> No CS (Skip to #35)							
<input type="radio"/> 2nd Row	<input type="radio"/> Uninstalled							
<input type="radio"/> 3rd Row	<input type="radio"/> 4th Row							

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
 Seat Belt Fit (for child in booster)
 Twisted
 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 Connector 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. Are there non-approved products?

- Yes No

20. CS Correct Direction Per MFR's Instructions

- Yes No

21. CS Installed Per MFR's Instructions

- Yes No Unknown

22. CS Correct for Child Age, Weight, and Height per MFR's Instructions

- Yes No Unknown

23. CS Correct Per State's Law

- Yes No N/A

24. CS Labels Missing

- Yes No

25. CS MFR

26. Model Name

27. Model Number

28. MFR Date (MM/DD/YYYY)

 / /

29. Expiration Date (MM/DD/YYYY)

 / /

30. CS Expired

- Yes No Unknown

31. CS Recalled

- Yes No Unknown

32. CS History Known

- Yes No Unknown

33. CS Involved in a Crash

- Yes No Unknown

34. CS Registered

- Yes No Unknown

ON DEPARTURE

35. Child/CS Location in Vehicle

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

36. Restraint Type

- RF Only without Base
 RF Only with Base
 Base Only
 RF Convertible
 FF with Harness
 High Back Booster
 Backless Booster
 Specialized Restraint
 Vest
 No CS
 Other: _____

37. Child Secured Using

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

38. CS Installed Using

(Select all that apply)

- Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Integrated Seat
 Load Leg
 Uninstalled
 No CS (Skip to #47)

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

- Yes (Skip to #45) No

39a. If no, CS provided by:

39b. Meets Eligibility Requirements

40. CS MFR

41. Model Name

42. Model Number

43. MFR Date (MM/DD/YYYY)

 / /

44. Expiration Date (MM/DD/YYYY)

 / /

45. CS Registered for Recalls By

- Agency Caregiver N/A

46. Is the CS compatible with the vehicle?

- Yes (Skip to #47)
 Yes, with difficulty
 No, need different CS
 CS Uninstalled (Skip to #47)

46a. 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 belt, too short)
 Insufficient Space
 Load Leg Issues

Other: _____

47. Child/CS Correct on Departure

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

TECHNICIAN DISCUSSED (Circle all that apply)

vehicle recall • airbags • 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 Check

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

- Yes No N/A

49. I installed my car seat today.

- Yes No N/A

50. Caregiver's Initials _____

51. Caregiver Donation

- Yes No

52. Educational materials given?

- Yes No

53. Final Inspection Sign Off

Documentation Box: