CHILD SAFETY SEAT CHECK LIST

INSTRUCTIONS: Please fill in one Car Seat Checklist for each vehicle. Fill in the boxes with capital letters only Leave a space between each word. Fill in the ovals completely.

Driver's First Name | Driver's Last Name

Address

City | State | ZIP

Telephone Number | E-mail Address

Vehicle Make/Manufacturer | Vehicle Model | Vehicle Year

(e.g., Chevy, Pontiac, Nissan, Honda, etc.) (e.g., Silverado, Grand Am, Altima, Civic, Seville, Dakota, Malibu, Blazer, etc.)

How did you hear about this event?

○ Flier ○ Web ○ Newspaper ○ Other
○ TV ○ Radio ○ Friend/relative ○ Drove by event

Official Use Only

Vehicle Recall? ○ Yes ○ No

Defects: ○ Broken Seat Belt ○ Other ○ Ripped Seat Cushion

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car seat, the car seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. However, I understand that a properly used child safety seat can reduce fatal injury by 71% for infants and by 54% for toddlers and that it is important to read both the vehicle and car seat instruction manuals. For these reasons, I hearby release _____ and each of its divisions, subsidiaries and other operating entities; and any program participants, from any present or future liability for any injuries or damages that may result from vehicle collision or otherwise.

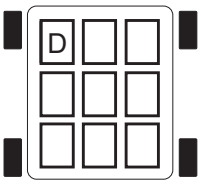
Signature | Date (month-day-year)

Official Use Only – see Guide on Other Side

Child's First Name

Describe how child arrived:

1. Child's age ___ Years ___ Months
2. Child present? ○ Yes ○ No ○ NA
3. Expectant mom? ○ Yes ○ No
4. Child's DOB ___ - ___ - ____
5. Wt: ___ Ht (in inches): ___
6. CSS involved in crash? ○ Yes ○ No ○ NA
   Seat history known? ○ Yes ○ No ○ NA
7. Child location in vehicle:



Front Row

Back Row

Optional Rear Row in wagons, vans, etc.

X *to indicate arrival location;* **M** *for new location*

8. Airbag near child? ○ Front ○ Side ○ N/A
9. CSS type *(key on other side):*
   ○ IO ○ FF/harness ○ L/S belt
   ○ IO Base ○ BPB ○ Special needs
   ○ RF CONV ○ Lap belt ○ None
   ○ Other

How the Seat Arrives:

10. CSS: correct direction? ○ Yes ○ No
11. Harness: correct? ○ Yes ○ No ○ NA
12. Harness: passes pinch test? ○ Yes ○ No ○ NA
13. Seat belt: correctly routed? ○ Yes ○ No ○ NA
14. Seat belt: locked/tight/correct? ○ Yes ○ No ○ NA
15. LATCH: correct? ○ Yes ○ No ○ NA
16. Tether: correct? ○ Yes ○ No ○ NA
17. CSS Make/Mfg:
18. CSS Model Number:
19. CSS Mfg Date *(mm-dd-yyyy)*: ___ - ___ - ____
20. Labels missing? ○ Yes ○ No
21. Recall? ○ Yes ○ No
22. Replace CSS at event? ○ Yes ○ No
23. CSS checked before? ○ Yes ○ No
24. If Yes, how many times? ○ 1 ○ 2 ○ 3 ○ 4

Replacement CSS

25. CSS Make/Mfg:
26. CSS Model Number:
27. CSS Mfg Date *(mm-dd-yyyy)*: ___ - ___ - ____
    Warranty Card sent? ○ Yes ○ No
28. Parent installed CSS? ○ Yes ○ No
29. Parent adjusted harness and SB/LATCH? ○ Yes ○ No
30. Parent initials _____
31. Senior Checker Full Name:
32. Technician's Full Name:
33. Tech cert. #

Must Be Completed – Check All That Apply

- ○ No misuse observed
- ○ All corrections made
- ○ Child arrived w/o CSS
- ○ CSS provided by coalition
- ○ CSS arrived uninstalled
- ○ Recommended a new CSS
- ○ Recall information provided
- ○ Not all corrections made (explain in comments)
- ○ Education materials provided
- ○ Voucher given

Comments:

Official Use Only – see Guide on Other Side

Child's First Name

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5. Wt: ☐☐ Ht (in inches): ☐☐
6. CSS involved in crash? ○ Yes ○ No ○ NA
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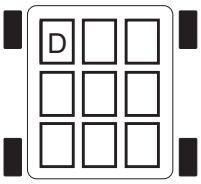

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Comments:

Additional Comments

Check Event Location

NOTE: IF VEHICLE IS RECALLED DOCUMENT THE REASON

Key to CSS Type

IO = Infant only
IO Base = Infant only with base
RF CONV = Rear-facing convertible
FF/harness = Forward-facing with harness
BPB = Belt-positioning booster
L/S belt = Lap/shoulder belt