

Car Seat Check Form v.7.0

www.carseatcheckform.org

Online Form ID _____

Primer Nombre

Apellido

Dirección

Ciudad

Estado

Código

Condado

Número Telefónico

Correo Electrónico

Vehículo: Marca

Modelo

Año

Por el presente comprendo y acuerdo que el propósito único de este programa es ayudar a reducir las incidencias de la instalación y uso incorrectos de asientos para niños, butacas para asientos de niños y cinturones de seguridad, y que esta inspección y demostración me son provistas como un servicio educativo gratuito. Reconozco que los patrocinadores del programa y los técnicos de seguridad de niños pasajeros matriculados que inspeccionan los asientos no pueden evaluar totalmente la calidad, seguridad ni la condición del asiento para niños, butacas para asientos de niños, el asiento del vehículo, los cinturones de seguridad, ni ningún componente del vehículo, ni ahora ni en el futuro. Más aún, comprendo que las acciones llevadas a cabo en este programa no garantizarán la seguridad de mi hijo en un accidente de automóvil. Comprendo que es importante leer y cumplir el manual de instrucción del vehículo y del asiento para niños. Por todos estos motivos, por el presente eximo a todo participante del programa, toda organización o individuo participante, incluyendo al propietario del asiento, de cualquier responsabilidad presente o futura por las lesiones o daños que pudieran surgir en un accidente automovilístico o de otra manera.

Firma del Cuidador

Mes Día Año

Search for vehicle recalls at checktoprotect.org.

Vehicle recall listed? Yes No Didn't Search

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?

What brought the caregiver to the seat check?

Event _____

CHILD ON ARRIVAL

CHILD # _____

1. 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+

1a. If child is under 1 year, select age in months.

- 0<3 3<6
 6<9 9<12

2. Weight (lbs.)

3. Height (in.)

4. How were weight and height collected?

- Caregiver Reported/Other Source
 Measured at Car Seat Check

5. Vehicle Present

- Yes No

6. Child Location in Vehicle

- Front Row No Child Present
 2nd Row 4th Row
 3rd Row N/A

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 #35)
 2nd Row Uninstalled
 3rd Row 4th Row

9. CS Type

- RF Only without Base
 RF Only with Base
 Base Only
 RF Convertible
 FF with Harness
 High Back Booster
 Backless Booster
 Specialized Restraint
 Vest
 Other:

10. CS Harness Correct

- Yes No N/A
**If no, select all that apply.*

- Twisted
 Too Loose
 Retainer Clip
 Shoulder Harness Height
 Buckle Strap Position
 Damaged/Altered
 Not Used
 Splitter Plate: Incorrect Loop
 Other:

11. CS Installed Using

- *Select all that apply.*
 Uninstalled (Skip to #22)
 Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Integrated Seat
 Lock-Off
 Load Leg

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
 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 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.
 Uninstalled
 Lower Anchors
 Tether
 Lap-and-Shoulder Belt
 Lap Belt
 Integrated Seat
 Lock-Off
 Load Leg
 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

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

- Yes No N/A

49. I installed my car seat today.

- Yes No N/A

50. Caregiver's Initials _____

FINAL INSPECTION

51. Caregiver Donation

- Yes \$ No

52. Educational materials given?

- Yes No

53. Final Inspection Sign Off

54. Is this CS for recertification?

- Yes No

54a. If yes, Pass (____) Fail

54b. Mock Seat Check?

- Yes No

Documentation Box: