



Car Seat Check Form v.8.0

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 the improper installation of child safety 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 child safety seat, the child safety 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. I do understand that a properly used child safety seat can reduce fatal injury by 71 % for infants, and by 54% for toddlers, and I therefore have personally read both the vehicle and car seat instruction manuals. I agree to release, defend, indemnify and hold harmless the Cosumnes Community Services District, Cosumnes CSD Fire Department, Cosumnes Legacy Foundation, the Safe Kids Program and any of those entities' participants, trustees, officers, employees and agents from and against any, and all claims, actions, liability, damage, loss or obligations, including all costs, demands, expenses and attorney's fees arising out of the activities covered by this form, including by way of illustration and not limitation performing the Child Passenger Checklist and examination, 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

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 #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
 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 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

<input type="radio"/> D	<input type="radio"/> O	<input type="radio"/> O	Front Row
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	2nd Row
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	3rd Row
			O 4th Row
			O Demonstration Only

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

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, O Pass (_____) Fail

54b. Mock Seat Check?

- Yes No

Documentation Box: