



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**

- ☐ ☐ ☐ 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
☐ Locking Clip
☐ 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: