

SAFETY SEAT CHECKUP FORM

Parent	First Name	Last Name	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Expectant Parent <input type="checkbox"/> Other: _____		
	Street address	City	State	ZIP	
	Telephone ()	Email _____ @ _____			
Child	Name	Age (or Estimated Due Date)	Weight	Medical or Behavioral Issues	
Car	Make		Model	Year	
CRS	When you got your child's safety seat, was it: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Don't know	Has it ever been in a crash? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know		How did you learn about this checkup?	

Attention Parent/Caregiver: Please buckle in your child as usual for the beginning of our checkup.

Please read and sign the statement below:

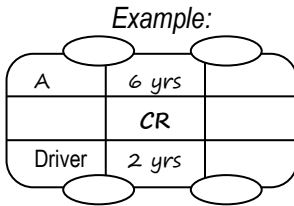
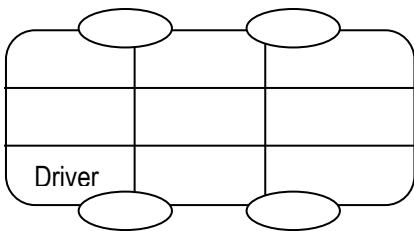
I am requesting a safety seat checkup. I understand that I should read and follow the manufacturer's instructions provided with my child restraint and my vehicle.

Signature _____ Date _____

Checkers	Name of Recorder	Signature of Recorder	Recorder cell number ()
	Names of other Checkers		Checkup Location

Location of child restraint and other passengers

Indicate location of *this* restraint with "CR". Indicate ages and positions of other passengers present.



Which Air Bags are present in the vehicle?

- Passenger, Front Passenger, Side Passenger, Knee
 Inflatable Safety Belt Back Seat, Side Other: _____

Is there an Air Bag cut-off switch?

- No Yes
 Is it On or Off?

Other CR Information:

- Child not present Booster or Safety Belt (skip to page 4)
 CR not installed Child restraint with harness
 Rear-facing Forward-facing

Manuals and Instructions	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver brought CR Instruction Booklet
<input type="checkbox"/> Yes <input type="checkbox"/> No	Caregiver brought vehicle owner's manual
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checker used manufacturer's instructions, including summary sheet(s) by SBS USA
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checker used SRN LATCH manual for LATCH and/or tether guidelines
Supervisor Sign-off	
<i>initials of designated supervisors/CPSTIs required</i>	
Before seat is installed – Harness threading is checked	
Before family leaves checkup – Final Installation is checked	
Before family leaves checkup – Checkup Form reviewed	

HOW CHILD ARRIVED AT THE CHECKUP (Child Restraint with Harness)

Items with ★ are required, even if child is not present

OK Error N/A Complete this checklist (errors visible with CR installed) for all CRS WITH A HARNESS

	OK	Error	N/A	Complete this checklist (errors visible with CR installed) for all CRS WITH A HARNESS
★				CR is in the back seat of the vehicle
★				Harness straps are flat, not rolled or twisted. If child present, on shoulders/chest/hips
				No slack in harness (pinch test)
★				No aftermarket product behind, under, or over child/CR
★				Chest clip at armpit level, threaded properly (if child not present, OK if there is a clip threaded properly)
★				Buckle latched securely (test by yanking upward)

OK Error N/A Also complete this checklist if CR IS FACING REARWARD

	OK	Error	N/A	Complete this checklist if CR IS FACING REARWARD
★				CR is not in front of an air bag
				Child's head is supported (at least 1" below top edge of shell or per manufacturer's instructions)
★				Straps are in slots at or below shoulders (or lowest available)
★				CR angle is correct per instructions; for infants, head lies back and keeps airway open
★				Carry handle is in correct position per instructions (Describe position: _____)

OK Error N/A Also complete this checklist if CR IS FACING FORWARD

	OK	Error	N/A	Complete this checklist if CR IS FACING FORWARD
★				This CR may be used facing forward
★				Child is at least two years old
				Child's head is supported (at least to middle of ears or per manufacturer's instructions)
				Straps are in slots at or above shoulders
★				Straps are in slots allowed per instructions (applies to some convertibles)
★				CR is adjusted to proper angle per instructions

Remove child from CR now. Do not remove CR from car yet.

HOW CR IS INSTALLED

Security of Installation

Attachment system(s) in this seating position—mark all that apply

<input type="checkbox"/> CR moves <u>less</u> than 1" toward front, sides of car <input type="checkbox"/> CR moves <u>more</u> than 1"	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Available</th> <th style="width: 10%;">Used</th> </tr> </thead> <tbody> <tr> <td>Lap-only belt</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lap-shoulder belt</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tether anchor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lower LATCH bars</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Available	Used	Lap-only belt	<input type="checkbox"/>	<input type="checkbox"/>	Lap-shoulder belt	<input type="checkbox"/>	<input type="checkbox"/>	Tether anchor	<input type="checkbox"/>	<input type="checkbox"/>	Lower LATCH bars	<input type="checkbox"/>	<input type="checkbox"/>
	Available	Used														
Lap-only belt	<input type="checkbox"/>	<input type="checkbox"/>														
Lap-shoulder belt	<input type="checkbox"/>	<input type="checkbox"/>														
Tether anchor	<input type="checkbox"/>	<input type="checkbox"/>														
Lower LATCH bars	<input type="checkbox"/>	<input type="checkbox"/>														

Mark all attachment errors

Vehicle Belt Errors

- Belt not in correct location on CR
- Slack in belt
- Switchable retractor not locked
- Locking latchplate slips on belt
- Locking clip needed, not used
- Locking clip in wrong location
- Used LATCH and vehicle belt
- Lock-off not used
- Inflatable belt used, not permitted

Other: _____

Lower LATCH Errors

- Strap in wrong part of CR
- Slack in strap(s)
- Connector upside down
- Center location, not authorized
- Two connectors on one anchor
- Attached to other metal part
- Attached to fabric
- Child too heavy

Tether Information

- CR has tether strap? Yes No
 Tether strap used Not used

Forward-Facing CR Tether

- How attached to CR? OK Error
 Tether anchor present? Yes No
 How attached to car? OK Error
 Slack in tether strap? Yes No

Rear-Facing CR Tether

- Used per instructions Error

Remove CR from car now.

IDENTIFY AND INSPECT THE CHILD RESTRAINT

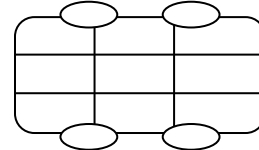
- Manufacturer's name _____ Not found (refer to Color Pictorial)
 Model name _____ Not found (refer to Color Pictorial)
 Model # _____ Not found on CR
 Date made _____ Not found on CR
 Visible damage No Yes CR history known unknown crash/damage _____
 Recalls, warnings No Yes Recall repairable? No Yes
 Circled info on parent's copy of recall list Usable until repaired? Yes No!

Please get LATCH manual and SBS USA summary sheet before continuing!

How the Child left Checkup - CR appropriate for Child

- Yes, appropriate CR brought to checkup
 No, recommended replace CR
 Yes, different CR installed at checkup
 (provide information on bottom of page 4!)

Write "CR" to show final seating position



For booster and safety belt, go back to page 4; all others, continue below. Items with * required, even if child is not present.

How the Child left Checkup - Harness

- Harness threaded (not just slots) per instructions*
 OK on arrival OR Corrected by checker
 Harness slots used N/A -no-rethread harness
 ____ Slot # (top slot is #1, next lower #2, etc.)*
- Harness straps shortened (loops) N/A
 Shoulder straps Hip Straps Crotch buckle
 Crotch slot used* Inner/only Middle Outer
 All strap ends secured, not dangling*

Have a supervisor check harness threading and sign on pg. 1 before continuing!

How the Child left Checkup - Final

- Firmness of Installation**
 CR moves less than 1"
 CR moves more than 1"
 Get checkup supervisor!
 Reason: _____
- Direction CR is facing***
 Rearward Forward
- Carry handle location** N/A
 Locked in position allowed per manufacturer's instructions
 Describe: _____
- ARB/Load Leg** N/A
 used per instructions
- Angle adjustment (mark all that apply)**
 Rear-facing CR
 Baby's head does not flop forward
 Reclined per instructions*
 Adjusted CR recline mechanism*
 Added rolled towel or noodle*
- Forward-facing CR*
 Upright
 Reclined per instructions

- Location of belt or latch strap**
 Behind child, through tunnel
 Under child's feet, through tunnel
 Through slots, over child
 Through detachable base
Shoulder belt: in slot/tunnel with lap belt
 lies against vehicle seatback
- Vehicle belt info** (skip if not used)
Type of vehicle belt used
 Lap-only belt
 Continuous lap-shoulder belt
 Separate lap and shoulder belts
 Inflatable belt
- How vehicle belt is locked**
 CR lock-off used
 Retractor locked
 Locking latchplate (no action needed)
 Locking latchplate (twisted belt to lock)
 Locking clip on lap-shoulder belt
 Other belt actions _____
- LATCH info** (skip if not used)
 Verified connection with metal bars by touch
 Verified top of connector is on top
 Verified maximum weight

Installation

- Tether Strap** (Check all that apply)
 Attached to vehicle per instructions
 Not used in final installation (check all that apply)
 Tether strap and anchor available, not used
 No tether strap on CR
 No tether anchor in car; gave parent part # _____
 No tether anchor in car; not available
- Unused shoulder belt near child**
 None Retractor locked
 No retractor
- CR contacts front passenger seat**
 Yes No
- Loose objects discussed**
 Yes stowed
- Final Harnessing**
 No slack in webbing (pinch test)
 Retainer clip placed properly*
 Buckle tested by yanking up*

Have a supervisor check final installation, review checkup form, and sign on pg. 1 before family leaves!

HOW CHILD IN BOOSTER OR SAFETY BELT ARRIVED AT THE CHECKUP

Type of belt

Lap-only belt Lap-Shoulder belt

Belt positioning

Booster/Vest

- Shoulder belt path as per instructions
 incorrect, describe _____
- Lap belt path as per instructions
 incorrect, describe _____

other attachments used (mark all that apply)

- Top Tether correct incorrect _____
- Lower LATCH correct incorrect _____
- non-certified accessory _____

Safety Belt only (no booster)

- Shoulder belt fit N/A (lap belt only)
 correct incorrect, describe _____
- Lap belt fit
 correct incorrect, describe _____
- other errors, describe: _____
- non-certified accessory _____

Remove booster/vest from car now and go to page 3!

HOW CHILD IN BOOSTER OR SAFETY BELT LEFT THE CHECKUP

* Get assistance and authorization from checkup supervisor before child leaves checkup.

** Locking the shoulder belt on a younger child can prevent entanglement and/or slipping out of position. Check recommendations of both vehicle and child restraint manufacturer.

- Child arrived in combination seat; harness was removed by checker
- Booster/vest Lap belt* Lap-shoulder belt Other

Please fill in items below for child in safety belt OR booster:

- Child sits all the way back without slouching Yes No*
- Shoulder belt touches center of shoulder and chest Yes No*
- Shoulder belt snug, straight path from anchor to buckle Yes No*
- Lap belt touches upper thighs Yes No*
- Lap belt is snug Yes No*
- Head is supported by booster or vehicle seatback Yes No*

Items for boosters only:

- Child's weight is within limits per instructions Yes No*
- Child is at least age 4 and able to sit still w/o 5-pt harness Yes No*
- Shoulder belt guide used Yes No Not needed/available
- Unused shoulder belt next to child is locked Yes No Not present
- Booster attached with lower LATCH per instructions Yes No Not authorized/available

Recommendations made to parent:

Child needs CR with harness

Other recommendations _____

Fill out information below if child left in a different safety seat or booster.

Manufacturer _____ Model name _____ Model # _____

Date of manufacture _____

CR provided by: Parent Sponsoring organization Donation \$ _____ Authorized by _____

Complete page 3 for seats with harness; this page for boosters.