



# Car Seat Check Form v.9.0

www.carseatcheckform.org

Caregiver  
Technician  
Instructor/Proxy  
Online Form ID \_\_\_\_\_

First Name		Last Name	
Address			
City	State	Zip	County
Phone	Email Address		
Vehicle Make	Model/Trim	Year	

The Indiana Criminal Justice Institute ("ICJI") works with local and community organizations to increase public awareness on the proper use of child restraint devices, and may at times distribute such safety devices. Neither ICJI, nor its affiliates, such as permanent child safety seat inspection stations, are merchants or sellers of goods, and make no warranties, expressed or implied, about the safety of these devices. I understand and acknowledge that the child restraint must at all times be used in accordance with the instructions provided by the manufacturer of the child restraint and the instructions provided by the vehicle manufacturer. I also understand that if I do not use the child restraint as advised in the manufacturers' instructions, the child restraint may not be effective in a vehicle collision. By signing below, I indicate that I have read this form, understand it, and agree to accept any and all responsibility for any misuse of the child restraint device or any installation contrary to the manufacturer's instructions. I also agree to release ICJI, their representatives, affiliated inspection sites, affiliated car seat clinic sponsors, and anyone for whom they may be legally responsible from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise. I agree that if I received a child restraint free of charge that I will not sell the child restraint. I further acknowledge that the child restraint was provided from state or federal funding and that I am subject to penalties including but not limited to, reimbursement for the cost of the child restraint, if I sell the seat to any third party.

Caregiver Signature	Month	Day	Year
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Vehicle recall listed?  Yes  No  Didn't Search  
 Search for vehicle recalls at [checktoprotect.org](http://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/Don't Know

**CHILD ON ARRIVAL** CHILD # \_\_\_\_\_

<p><b>1. Vehicle Present</b>  <input type="radio"/> Yes <input type="radio"/> No</p> <p><b>2. Child Location in Vehicle</b>  <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row <input type="radio"/> No Child Present  <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> 4th Row  <input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row <input type="radio"/> N/A</p> <p><b>3. Child's Age in Years</b>  <input type="radio"/> Unborn (Skip to #8)  <input type="radio"/> 0&lt;1 <input type="radio"/> 1&lt;2 <input type="radio"/> 2&lt;3  <input type="radio"/> 3&lt;4 <input type="radio"/> 4&lt;5 <input type="radio"/> 5&lt;6  <input type="radio"/> 6&lt;7 <input type="radio"/> 7&lt;8 <input type="radio"/> 8&lt;9 <input type="radio"/> 9+</p>	<p><b>3a. If child is under 1 year, select age in months.</b>  <input type="radio"/> 0&lt;3 <input type="radio"/> 3&lt;6  <input type="radio"/> 6&lt;9 <input type="radio"/> 9&lt;12</p> <p><b>4. Weight (lbs.)</b>      <b>5. Height (in.)</b>  <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/>      <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/></p> <p><b>6. How were weight and height collected?</b>  <input type="radio"/> Caregiver Reported/Other Source  <input type="radio"/> Measured at Car Seat Check</p>	<p><b>7. Child Secured Using</b>  <input type="radio"/> No Child Present (Skip to #8)  <input type="radio"/> CS Harness (Skip to #8)  <input type="radio"/> Unrestrained (Skip to #8)  <input type="radio"/> Lap-and-Shoulder Belt  <input type="radio"/> Lap Belt  <input type="radio"/> N/A (Skip to #8)</p> <p><b>7a. Child Seat Belt Correct</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A  <i>*If no, select all that apply.</i>  <input type="radio"/> Incorrect Fit on Child  <input type="radio"/> Shoulder Belt  <input type="radio"/> Lap Belt  <input type="radio"/> Non-Approved Products  <input type="radio"/> Other: <input style="width:100%;" type="text"/></p>
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**CS FINDINGS ON ARRIVAL** CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing

<p><b>8. CS Location in Vehicle</b>  <input type="radio"/> <input type="radio"/> <input type="radio"/> Front Row <input type="radio"/> No CS (Skip to #36)  <input type="radio"/> <input type="radio"/> <input type="radio"/> 2nd Row <input type="radio"/> Uninstalled  <input type="radio"/> <input type="radio"/> <input type="radio"/> 3rd Row <input type="radio"/> 4th Row</p> <p><b>9. CS Type</b>  <input type="radio"/> Infant without Detachable Base  <input type="radio"/> Infant with Detachable Base  <input type="radio"/> Detachable Base Only  <input type="radio"/> RF Convertible  <input type="radio"/> FF with Harness  <input type="radio"/> High-back Booster  <input type="radio"/> Backless Booster  <input type="radio"/> Adaptive Restraint  <input type="radio"/> Harness/Vest  <input type="radio"/> Other: <input style="width:100%;" type="text"/></p>	<p><b>10. CS Harness Correct</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A  <i>*If no, select all that apply.</i>  <input type="radio"/> Twisted  <input type="radio"/> Too Loose  <input type="radio"/> Chest Clip  <input type="radio"/> Shoulder Harness Height  <input type="radio"/> Buckle Position  <input type="radio"/> Damaged/Altered  <input type="radio"/> Not Used  <input type="radio"/> Splitter Plate: Incorrect Loop  <input type="radio"/> Other: <input style="width:100%;" type="text"/></p> <p><b>11. CS Installed Using</b>  <i>*Select all that apply.</i>  <input type="radio"/> Uninstalled (Skip to #23)  <input type="radio"/> Lower Anchors  <input type="radio"/> Tether  <input type="radio"/> Lap-and-Shoulder Belt  <input type="radio"/> Lap Belt  <input type="radio"/> Built-in Seat  <input type="radio"/> Lock-Off  <input type="radio"/> Load Leg  <input type="radio"/> Locking Clip</p>	<p><b>12. Recline Angle Correct</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A  <i>*If no, select misuse.</i>  <input type="radio"/> Too Upright  <input type="radio"/> Too Reclined</p> <p><b>13. Lower Anchors Correct</b>  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A  <i>*If no, select all that apply.</i>  <input type="radio"/> Non-Approved Lower Anchors  <input type="radio"/> Exceeds Weight Limit  <input type="radio"/> Twisted  <input type="radio"/> Misrouted  <input type="radio"/> Lower Anchor Connector Upside Down  <input type="radio"/> Too Loose  <input type="radio"/> Used with Seat Belt  <input type="radio"/> Other: <input style="width:100%;" type="text"/></p>
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## 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 Hook 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. Rotating Seat Locked**  
 Yes  No  N/A  
**20. Are there non-approved products?**  
 Yes  No  
**21. CS Correct Direction per MFR's Instructions**  
 Yes  No  
**22. CS Installed per MFR's Instructions**  
 Yes  No  Unknown  
**23. CS Correct for Child Age, Weight, and Height per MFR's Instructions**  
 Yes  No  Unknown  
**24. CS Correct per State's Law**  
 Yes  No  N/A

### 25. CS Labels Missing

- Yes  No  
**26. CS MFR**  
  
**27. Model Name**  
  
**28. Model Number**  
  
**29. MFR Date (MM/DD/YYYY)**  
 /  /   
**30. Expiration Date (MM/DD/YYYY)**  
 /  /   
**31. CS Expired**  
 Yes  No  Unknown  
**32. CS Recalled**  
 Yes  No  Unknown  
**33. CS History Known**  
 Yes  No  Unknown  
**34. CS Involved in a Crash**  
 Yes  No  Unknown  
**35. CS Registered**  
 Yes  No  Unknown

## ON DEPARTURE

### 36. Child/CS Location in Vehicle

- Front Row  4th Row  
   2nd Row  Demonstration Only  
   3rd Row

### 37. CS Type

- Infant without Detachable Base  
 Infant with Detachable Base  
 Detachable Base Only  
 RF Convertible  
 FF with Harness  
 High-back Booster  
 Backless Booster  
 Adaptive Restraint  
 Harness/Vest  
 No CS  
 Other:

### 38. Child Secured Using

- No Child Present  
 CS Harness  
 Lap-and-Shoulder Belt  
 Lap Belt

### 39. CS Installed Using

- \*Select all that apply.*  
 Uninstalled  
 Lower Anchors  
 Tether  
 Lap-and-Shoulder Belt  
 Lap Belt  
 Built-in Seat  
 Lock-Off  
 Load Leg  
 Locking Clip  
 No CS (Skip to #48)

### 40. Is this the same CS as 'On Arrival'?

- Yes (Skip to #46)  No

#### 40a. If no, CS provided by:

#### 40b. Meets Eligibility Requirements

### 41. CS MFR

### 42. Model Name

### 43. Model Number

### 44. MFR Date (MM/DD/YYYY)

/  /

### 45. Expiration Date (MM/DD/YYYY)

/  /

### 46. CS Registered for Recalls By

- Agency  Caregiver  N/A

### 47. Is the CS compatible with the vehicle?

- Yes (Skip to #48)  
 Yes, with difficulty  
 No, need different CS  
 CS Uninstalled (Skip to #48)

### 47a. 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 seat belt, too short)  
 Insufficient Space  
 Load Leg Issues

Other:

### 48. Child/CS Correct on Departure

- Yes  No (If no, document.)  N/A

## TECHNICIAN DISCUSSED (Circle all that apply)

vehicle recall • air bags • 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

### 49. I harnessed a child/doll in the car seat.

- Yes  No  N/A

### 50. I installed my car seat today.

- Yes  No  N/A

### 51. Caregiver's Initials \_\_\_\_\_

### FINAL INSPECTION

#### 52. Caregiver Donation

- Yes \$   No

#### 53. Educational materials given?

- Yes  No

#### 54. Final Inspection Sign Off

#### 55. Is this CS for recertification?

- Yes  No

#### 55a. If yes, Pass (\_\_\_\_) Fail

#### 55b. Mock Seat Check?

- Yes  No

Documentation Box: