

National Child Passenger Safety Certification Training Program

CPS Check Form

Caregiver Name: _____

Address: _____

Vehicle Year: _____ Make: _____ Model: _____

Child's Name: _____ Age: _____ Weight: _____ Height: _____

I understand and agree that:

- The purpose of this program is to help reduce improper use of car seats, booster seats, and seat belts and that this inspection is provided as a free service to me.
- This program cannot fully evaluate the quality, safety, or condition of my child restraint or any component of my vehicle, including the seats, seat belt, or LATCH.
- This program cannot guarantee my child's safety in a crash and it is important to read both the vehicle and child restraint instruction manuals.

For these reasons, I release all program sponsors, volunteers, and Instructors from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

Caregiver Signature

Date

VEHICLE ON ARRIVAL

1. Mark an X on vehicle grid where car seat or booster seat was located.
2. Mark an M if car seat or booster seat was moved.
3. Mark an N for new car seat or booster seat installation.

D		
Driver		

4. Child present? YES NO Unborn
5. Child seated near active front passenger air bag? YES NO
6. Child in restraint? YES NO (*proceed to summary*)
7. Seat installed? YES NO NA

SEAT INFORMATION

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

1. Seat recalled? YES NO UNSURE
2. If recalled, has defect been repaired? YES NO UNSURE
3. Original owner/history known? YES NO UNSURE
4. Seat been in a crash? YES NO UNSURE
5. Seat expired? YES NO UNSURE
6. Caregiver registered car seat? YES NO UNSURE

CHILD ARRIVES REAR-FACING (CHECK ONE)

- Rear-Facing with Base Rear-Facing w/o Base Convertible

1. Seat appropriate for height and weight of child? YES NO NA
2. Seat appropriate for child's age? YES NO NA
3. Harness straps at or below shoulders? YES NO NA
4. Harness retainer clip used correctly? YES NO NA
5. Harness straps snug (pinch test-no slack)? YES NO NA
6. Harness straps threaded and attached correctly? YES NO NA

(continued on page 2)

CPS Check Form (continued)

- | | | | |
|--|------------------------------------|--|---------------------------------|
| 7. Recline appropriate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 8. Carrying handle in correct position for travel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 9. Belt path correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 10. Seat installed with (check all that apply): | <input type="checkbox"/> Seat Belt | <input type="checkbox"/> Lower anchors | <input type="checkbox"/> Tether |
| 11. Seat belt or lower anchors used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 12. Tether used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

CHILD ARRIVES FORWARD-FACING WITH HARNESS

- Convertible Forward-Facing Only

- | | | | |
|---|------------------------------------|--|---------------------------------|
| 1. Seat appropriate for height and weight of child? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 2. Seat appropriate for child's age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 3. Harness straps at or above shoulders? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 4. Harness retainer clip used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 5. Harness straps snug (pinch test-no slack)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 6. Harness straps threaded and attached correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 7. Seat adjusted in appropriate position (upright unless otherwise allowed by instructions) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 8. Belt path correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 9. Seat installed with (check all that apply): | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| | <input type="checkbox"/> Seat Belt | <input type="checkbox"/> Lower anchors | <input type="checkbox"/> Tether |
| 10. Seat belt or lower anchors used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 11. Tether used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 12. LATCH weight limits observed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

CHILD ARRIVES IN BELT-POSITIONING BOOSTER SEAT

- Backless High Back

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1. Seat appropriate for height and weight of child? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 2. Seat appropriate for child's age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 3. Is lap-shoulder belt positioned correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 4. For backless boosters, is there head protection? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 5. Seat belt or lower anchors used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

CHILD ARRIVES IN SEAT BELT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is seat belt appropriate for height of child? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. With child's back against vehicle seat, do legs bend naturally at edge of vehicle seat? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is shoulder belt over center of chest? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Does lap belt fit low on hips? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SUMMARY (CHECK ALL THAT APPLY)

Upon departure, how was car seat, booster seat, or child restrained?

- Seat belt Lower anchors Tether Rear-facing Forward-facing NA

All corrections made

Not all corrections made (explain in comments)

No misuse observed

New car seat or booster seat recommended

New car seat or booster seat provided (manufacturer/model/date) _____

Caregiver installed or assisted

Educational materials given

Removed non-regulated products? (explain in comments)

- YES NO NA

CPS Check Form (continued)

SEAT INFORMATION UPON DEPARTURE

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

Seat Provided by: _____ Donation Collected: _____

Comments:

Technician Name Date of Inspection

Technician Name Date of Inspection