

NC Child Passenger Safety Checklist

NC Department of Insurance | Mike Causey, Commissioner

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

Caregiver Name (Person Receiving Information)				Relation to	Child			Phone Number (Including Area Code)		
Street Address (City, State, Zi		Email Address								
Vehicle Make/Mfg. (e.g. Chevrolet, Honda)				Vehicle Model (e.g. Tahoe, Accord)				Vehicle Year		
provided as a free educational ser or any component of my vehicle, i important to read and follow the i program and each of the Safe Kids	vice to includi instruc s coalit	me; the ng the s tion ma ions an	at this p seats or a nuals fo d each c	rogram cannot fully evaluate the questions and that this program of the this program of the car seat.	ality, s annot For the ors and	afety or guarant ese reas assigns	conditions conditions constant	fety seat installation; that this inspection is being on of the child safety seat, any child safety seat provided hild's safety in a vehicle collision. I understand that it is ereby release Safe Kids North Carolina, the NC CPS ner operating entities; and any program participants fro		
Caregiver Signature	Date									
				CHILD OF						
Child present O Yes		No	O Unk					√ O Days ✓ O Month(s)		
Child's Date of Birth	Child's Date of Birth Height							Age O Year(s)		
ON ARRIVAL								ON DEPARTURE		
1. Child/Car seat location in vehicle DOO front row Oother (Explain:)				10. Car seat manufacturer information Manufacturer name				17. Car seat manufacturer information (if same as #10, skip to step 18)		
OOO back row third row				Model name				Manufacturer name Model name		
				Model number				Model name		
2. Car seat/child restraint type O RF only: □w/base □w/o base □base only O RF convertible O FF w/harness				Woder Humber				Model number		
				Date of manufacture (mm/dd/yyyy)				Date of manufacture (mm/dd/yyyy)		
O Booster O Lap/shoulder seatbelt (Go to #16)					Yes	No	IDK			
O Lap only seatbelt (Go to #16)				11. Car seat history known 12. Car seat involved in crash	0	0	0	18. Child/Car seat location in vehicle		
3. Car seat installed using (select all that apply)				13. Car seat expired	0	0	0	DOO front row O other (Explain:)		
O Seatbelt O Tether				14. Car seat recalled	0	0	0	OOO back row		
O Not installed CO	Lowe	er anch	ors	15. Car seat registered	0	0	0	OOO third row		
J Other				16. Seatbelt fit (children usin	g seat					
	Yes	No	N/A	Lap belt crosses hips/upper-th	igh	Yes O	No O	19. Car seat/child restraint type O RF only: □w/base □w/o base □base on		
4. Car seat correct direction	0	0	0	Shoulder belt crosses mid-shoulder		Ö	Ö	O RF convertible		
Car seat harness correctRecline angle correct	0	0	0	Knees bent over seat		0	0	O FF w/harness		
7. Lower anchors correct	0	0	0					O Booster		
8. Tether correct	0	0	0					O Lap/shoulder seatbelt (Go to #23) O Lap only seatbelt (Go to #23)		
9. Seat belt correct	0	0	0							
CAREGIVER SIGN-OFF The correct use of my car seat/re	estrain	ıt systeı	m has b	een clearly explained and taught t	o me.	(In	itial)	O Seat belt O Tether O Not installed O Not installed O Not installed O Lower anchors (explain in comments)		
Date of Inspection		Ins	spection	Location		,		Yes No N/		
Fechnician Name								21. Car seat/vehicle compatible O O C 22. Installation errors corrected O O C		
Addt'l Technician Name				Tech#				23. Harness/seatbelt corrected O O C (if No, explain in comments below		
Additional notes/comments										

Child arreases OVer ONe Ollah	CHILD OF	O Days		
Child's Date of Birth Height	orn : Weight	O Month(s)		
ON ARRIVAL		ON DEPARTURE		
1. Child/Car seat location in vehicle O other (Explain:) OOO back row OOO third row	10. Car seat manufacturer information Manufacturer name Model name	17. Car seat manufacturer information (if same as #10, skip to step 18) Manufacturer name		
2. Car seat/child restraint type O RF only: \(\text{\tex{\tex	Model number Date of manufacture (mm/dd/yyyy) Yes No IDK 11. Car seat history known O O O 12. Car seat involved in crash O O O 13. Car seat expired O O O 14. Car seat recalled O O O 15. Car seat registered O O O 16. Seatbelt fit (children using seatbelt only)	Model name Model number Date of manufacture (mm/dd/yyyy) 18. Child/Car seat location in vehicle DOO front row back row third row OOO ther (Explain:)		
4. Car seat correct direction O O O 5. Car seat harness correct O O O 6. Recline angle correct O O O 7. Lower anchors correct O O O 8. Tether correct O O O 9. Seat belt correct O O O CAREGIVER SIGN-OFF The correct use of my car seat /restraint system has be	Lap belt crosses hips/upper-thigh O O Shoulder belt crosses mid-shoulder O O Knees bent over seat O O	19. Car seat/child restraint type O RF only: □w/base □w/o base □base only O RF convertible O FF w/harness O Booster O Lap/shoulder seatbelt (Go to #23) O Lap only seatbelt (Go to #23) 20. Car seat installed using (select all that apply) O Seat belt O Tether O Not installed O Lower anchors		
The correct use of my car seat/restraint system has be	(IIIIIai)	(explain in comments)		
Date of Inspection Inspection Technician Name	Yes No N/A 21. Car seat/vehicle compatible O O O 22. Installation errors corrected O O O			
Addt'l Technician Name	Tech#	23. Harness/seatbelt corrected O O O (if No, explain in comments below)		
Additional notes/comments				