

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, Zip)

Email Address

Vehicle Make/Mfg. (e.g. Chevrolet, Honda)

Vehicle Model (e.g. Tahoe, Accord)

Vehicle Year

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper child safety seat installation; that this inspection is being provided as a free educational service to me; that this program cannot fully evaluate the quality, safety or condition of the child safety seat, any 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 understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release Safe Kids North Carolina, the NC CPS program and each of the Safe Kids coalitions and each of its divisions, subsidiaries, successors and assigns and other operating entities; and any program participants from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Caregiver Signature

Date

CHILD ____ OF ____

Child present Yes No Unborn
 Child's Date of Birth _____ Height _____ Weight _____

Age _____ } Days
 Month(s)
 Year(s)

ON ARRIVAL

1. Child/Car seat location in vehicle

front row other (Explain:)

back row

third row

2. Car seat/child restraint type

- RF only: w/base w/o base base only
- RF convertible
- FF w/harness
- Booster
- Lap/shoulder seatbelt (Go to #16)
- Lap only seatbelt (Go to #16)

3. Car seat installed using (select all that apply)

- Seatbelt Tether
- Not installed Lower anchors
- Other _____

	Yes	No	N/A
4. Car seat correct direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Car seat harness correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Recline angle correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Lower anchors correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Tether correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Seat belt correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Car seat manufacturer information

Manufacturer name _____

Model name _____

Model number _____

Date of manufacture (mm/dd/yyyy) _____

	Yes	No	IDK
11. Car seat history known	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Car seat involved in crash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Car seat expired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Car seat recalled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Car seat registered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Seatbelt fit (children using seatbelt only)

	Yes	No
Lap belt crosses hips/upper-thigh	<input type="radio"/>	<input type="radio"/>
Shoulder belt crosses mid-shoulder	<input type="radio"/>	<input type="radio"/>
Knees bent over seat	<input type="radio"/>	<input type="radio"/>

ON DEPARTURE

17. Car seat manufacturer information
(if same as #10, skip to step 18)

Manufacturer name _____

Model name _____

Model number _____

Date of manufacture (mm/dd/yyyy) _____

18. Child/Car seat location in vehicle

front row other (Explain:)

back row

third row

19. Car seat/child restraint type

- RF only: w/base w/o base base only
- RF convertible
- FF w/harness
- Booster
- Lap/shoulder seatbelt (Go to #23)
- Lap only seatbelt (Go to #23)

20. Car seat installed using (select all that apply)

- Seat belt Tether
- Not installed Lower anchors
- (explain in comments)

	Yes	No	N/A
21. Car seat/vehicle compatible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Installation errors corrected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Harness/seatbelt corrected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(if No, explain in comments below)

CAREGIVER SIGN-OFF

The correct use of my car seat/restraint system has been clearly explained and taught to me.

(Initial)

Date of Inspection _____ Inspection Location _____

Technician Name _____ Tech # _____

Add'l Technician Name _____ Tech # _____

Additional notes/comments

