

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: _____

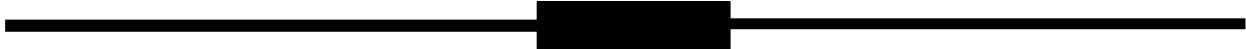
1. Seat recalled? YES NO UNSURE
2. If recalled, has defect been repaired? YES NO UNSURE
3. Original owner/history known? YES NO UNSURE
4. Seat been in a crash? YES NO UNSURE
5. Seat expired? YES NO UNSURE
6. Caregiver registered car seat? YES NO UNSURE

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? YES NO NA
- 8. Carrying handle in correct position for travel? YES NO NA
- 9. Belt path correct? YES NO NA
- 10. Seat installed with (check all that apply): Seat Belt Lower anchors Tether
- 11. Seat belt or lower anchors used correctly? YES NO NA
- 12. Tether used correctly? YES NO NA

CHILD ARRIVES FORWARD-FACING WITH HARNESS

- Convertible Forward-Facing Only

- 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
- 7. Seat adjusted in appropriate position (upright unless otherwise allowed by instructions) YES NO NA

- 8. Belt path correct? YES NO NA
- 9. Seat installed with (check all that apply): Seat Belt Lower anchors Tether
- 10. Seat belt or lower anchors used correctly? YES NO NA
- 11. Tether used correctly? YES NO NA
- 12. LATCH weight limits observed? YES NO NA

CHILD ARRIVES IN BELT-POSITIONING BOOSTER SEAT

- Backless High Back

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

CHILD ARRIVES IN SEAT BELT

- 1. Is seat belt appropriate for height of child? YES NO
- 2. With child's back against vehicle seat, do legs bend naturally at edge of vehicle seat? YES NO

- 3. Is shoulder belt over center of chest? YES NO
- 4. Does lap belt fit low on hips? YES 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

