

**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		
<small>Driver</small>		

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
- 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

Comments: _____

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 above 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

Comments:

- 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

SEAT INFORMATION UPON DEPARTURE

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

Seat Provided by: _____ Donation Collected: _____

Technician Name _____ Date of Inspection _____

Technician Name _____ Date of Inspection _____

Comments:
