

Child Passenger Safety Checklist

Use blue, black, or #2 pencil and for mistakes use wite-out correction tape.

Fill in boxes, from left to right one letter/number per box 1 2 3 A B C Fill in circles like this ●

Nombre del Cuidador (persona que recibe la información) Apellido del Cuidador

Dirección

Ciudad Estado Código postal

Número de teléfono Dirección de E-mail

Marca del vehículo/Fabricante (Chevy, Buick) Modelo del vehículo (Malibu, Enclave) Año del vehículo

Firma del Cuidador _____ Fecha de hoy / / 2 0 1

STOP HERE

CHILD NUMBER ONE

Child Present Unborn Yes No

Seat Checked Before? Yes No

Child's age { Days Month(s) Year(s)

Child First Name _____

Child Birth Date DOB (MM/DD/YYYY) _____

Height { _____

Weight/lbs { _____

<p>ON ARRIVAL</p> <p>1. Child/CSS location in vehicle</p> <p><input checked="" type="radio"/> front row <input type="radio"/> back <input type="radio"/> 3rd row</p> <p><input type="radio"/> Other seating location Explain: _____</p> <p>2. Child /CSS installed using (select all that apply)</p> <p><input type="radio"/> No CSS (Mark - Go to #18) <input type="radio"/> Integrated Seat (Mark - Go to #7)</p> <p><input type="radio"/> Uninstalled <input type="radio"/> Unrestrained (Mark - Go to #18)</p> <p><input type="radio"/> Seatbelt <input type="radio"/> Tether <input type="radio"/> Lower anchors</p> <p>3. Restraint type:</p> <p><input type="radio"/> RF only w/o base <input type="radio"/> RF only w/ base <input type="radio"/> Base only <input type="radio"/> RF convertible <input type="radio"/> FF w/ harness <input type="radio"/> BP Booster <input type="radio"/> Lap/Shoulder (Mark -Go to #17) <input type="radio"/> Lap only (Mark - Go to #17) <input type="radio"/> Car bed <input type="radio"/> Vest</p> <p>4. CSS MFG:</p> <p><input type="radio"/> Baby Trend <input type="radio"/> Britax <input type="radio"/> Chicco <input type="radio"/> Combi <input type="radio"/> Evenflo <input type="radio"/> Graco <input type="radio"/> Harmony <input type="radio"/> Clek <input type="radio"/> Orbit <input type="radio"/> Peg Perego <input type="radio"/> Recaro <input type="radio"/> Diono (Sunshine Kids)</p> <p><input type="radio"/> Tomy (Learning Curve , 1st Years, Compass)</p> <p><input type="radio"/> Dorel (Cosco, Eddie Bauer, Safety 1st,Maxi Cosi)</p> <p><input type="radio"/> Other _____</p> <p>5. Model Number</p> <p>_____</p> <p>6. Mfg Date (MM/DD/YYYY)</p> <p>____/____/____</p>	<p>FINDINGS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td>7. CSS history known</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>8. CSS involved in a crash</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>9. CSS labels missing</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>10. CSS expired</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>11. CSS recalled</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>12. 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Child/CSS location in vehicle</p> <p><input checked="" type="radio"/> front row <input type="radio"/> back <input type="radio"/> 3rd row</p> <p><input type="radio"/> Other seating location Explain: _____</p> <p>19. Child/CSS installed using (select all that apply)</p> <p><input type="radio"/> No CSS <input type="radio"/> Integrated Seat (Mark - Go to 25)</p> <p><input type="radio"/> Uninstalled <input type="radio"/> Seatbelt <input type="radio"/> Tether <input type="radio"/> Lower anchors</p> <p>20. Coalition provided a new CSS? <input type="radio"/> Yes <input type="radio"/> No</p> <p>21. Restraint type:</p> <p><input type="radio"/> RF only w/o base <input type="radio"/> RF only w/ base <input type="radio"/> Base only <input type="radio"/> RF convertible <input type="radio"/> FF w/ harness <input type="radio"/> BP Booster <input type="radio"/> Lap/Shoulder <input type="radio"/> Lap only <input type="radio"/> Car bed <input type="radio"/> Vest</p>		Yes	No	N/A	7. 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CSS MFG:</p> <p><input type="radio"/> Same as 4,5,6 (Mark - Go to 25)</p> <p><input type="radio"/> Baby Trend <input type="radio"/> Britax <input type="radio"/> Chicco <input type="radio"/> Combi <input type="radio"/> Evenflo <input type="radio"/> Graco <input type="radio"/> Harmony <input type="radio"/> Clek <input type="radio"/> Orbit <input type="radio"/> Peg Perego <input type="radio"/> Recaro <input type="radio"/> Diono (Sunshine Kids)</p> <p><input type="radio"/> Tomy (Learning Curve , 1st Years, Compass)</p> <p><input type="radio"/> Dorel (Cosco, Eddie Bauer, Safety 1st,Maxi Cosi)</p> <p><input type="radio"/> Other _____</p> <p>23. Model Number:</p> <p>_____</p> <p>24. Mfg Date (MM/DD/YYYY):</p> <p>____/____/____</p> <p>25. Child / CR Correct <input type="radio"/> Yes <input type="radio"/> No</p> <p>26. CSS/Vehicle Compatible <input type="radio"/> Yes <input type="radio"/> No</p> <p>27. Education materials given <input type="radio"/> Yes <input type="radio"/> No</p> <p>Technician discussed: (Select all that apply)</p> <p>28. <input type="radio"/> Airbags</p> <p>29. <input type="radio"/> Unused seatbelt</p> <p>30. <input type="radio"/> Projectiles</p> <p>31. <input type="radio"/> Unattended children in or around cars</p> <p>32. <input type="radio"/> Next steps</p> <p>Caregiver sign off: Yes No N/A</p> <p>33. I harnessed child/doll in CSS <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>34. I participated/installed CSS today <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>Caregiver initials _____ Donation \$ _____</p> <p>Comments</p> <p>_____</p>
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Tech Last Name _____ Tech Number _____ **COALITION #** _____

Senior Checker Last Name _____ Senior Checker Tech Number _____ **CSSIS #** _____

EVENT **INSPECTION STATION**

