



SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

Please read the content of the box, sign and date.

I understand and agree that the sole purpose of this service is to help reduce the incidence of the improper installation of child safety seats and that a nationally certified child passenger safety technician is providing this inspection to me. I further understand and agree that this inspection cannot fully evaluate the quality, safety, or condition of the child safety seat to be installed, nor 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. However, I understand that a properly used child safety seat can significantly reduce serious or fatal injury for infants and young children, and that it is important to read both the vehicle and car seat instruction manuals. For these reasons, I hereby release the Scotts Valley Fire Protection District and any program staff from any present or future liability for any injuries or damage that may result from a vehicle collision or otherwise.

Parent/Caregiver signature _____

Date _____

Please complete the following:

Driver's name:		Relationship to child, if not parent:	
Parent's name(s):		Expectant mom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Due date:
Address:		Telephone #:	
City/State/ZIP:		Child's name:	
Child's birth date/Age:	Child's weight:	Child's height:	
Vehicle information:	Make:	Model:	Year:
Is the vehicle owner's manual available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Original seat owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Air bags - Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No		Passenger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side? <input type="checkbox"/> Yes <input type="checkbox"/> No
Air bag disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		On/Off switch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	LATCH? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about this service/event?			

FOR OFFICIAL USE ONLY: Checker/Technician comments:

Child Safety Seat Checklist Form, continued

Date:	Location:	Seat installed upon arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mark an X where seat was found. Mark an M where seat was moved to. (D = Driver position)
<input type="checkbox"/> Child present <input type="checkbox"/> Child not present	Original seat owner present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Make of Seat: <input type="checkbox"/> Britax <input type="checkbox"/> Century <input type="checkbox"/> Cosco <input type="checkbox"/> Evenflo <input type="checkbox"/> Fisher Price <input type="checkbox"/> Graco <input type="checkbox"/> Other:			D
Name of Seat:	Model #:	Date of manufacture:	
Meets FMVSS 213? <input type="checkbox"/> Yes <input type="checkbox"/> No Seat recalled? <input type="checkbox"/> Yes <input type="checkbox"/> No Seat involved in a crash? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Latch Plate: Sliding Fixed Locking Switchable Retractor: ELR ALR Switchable Lap Belt only LATCH

REAR-FACING SEAT <input type="checkbox"/> Infant only <input type="checkbox"/> Convertible	FORWARD-FACING SEAT <input type="checkbox"/> 5 Pt <input type="checkbox"/> T-Shield <input type="checkbox"/> Tray Shield	BELT POSITIONING BOOSTER SEAT <input type="checkbox"/> High-back <input type="checkbox"/> Backless
Y N N/A	Y N N/A	Y N N/A
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat in a NON-air bag position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat faces forward.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lap/shoulder belt used/proper fit.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carrier handle in correct position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat in upright position.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child has head protection (above ears).
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat faces rear of car.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child free of heavy clothing.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is within height and weight range of booster seat.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat at appropriate recline angle.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoulder straps in reinforced position and at or above shoulders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is developmentally ready for booster seat.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Infant free of heavy bundling.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straps lie flat and are free from fraying or tears.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat free of after-market products.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is present.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoulder straps at or below infant's shoulders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is threaded correctly and at amplit level.	VEHICLE SEAT BELT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straps lie flat and are free from fraying or tears.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness is snug per pinch test.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parent states child meets CA law minimum req's for age & weight.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is present.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LATCH used correctly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child fits properly into seat beat.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Retainer clip is threaded correctly and at amplit level.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat is pre-crash locked.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness is snug per pinch test.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat does not move more than 1 inch.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LATCH used correctly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tether used and properly secured.	AIRBAG
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat is pre-crash locked.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crotch strap adjusted properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is safely near airbag.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat does not move more than 1 inch.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buckle mechanism appears to open and lock properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crotch strap adjusted properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness adjuster slides doubled back.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Buckle mechanism appears to open and lock properly.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is within manufacturers' height/weight range of this seat.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Harness adjuster slides doubled back.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Infant is within manufacturer's height/weight range of this seat.		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other/Advised:		

<p>Technician: Check boxes discussed with the parent/caregiver:</p> <p><input type="checkbox"/> Findings discussed with parent/caregiver.</p> <p><input type="checkbox"/> All corrections made, seat properly installed by parent/caregiver.</p> <p><input type="checkbox"/> Discussed turn-around time/4 steps, as applies to child.</p> <p><input type="checkbox"/> Information on air bag and other safety issues discussed.</p> <p><input type="checkbox"/> Discussed risks of after-market products, if applicable.</p> <p><input type="checkbox"/> Informed parents of any recalls, if applicable.</p>	<p><input type="checkbox"/> Seat replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer _____</p> <p>Model name _____</p> <p>Model# _____</p> <p>Date of Manuf _____</p> <p>Registration card completed to be mailed: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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Checker's signature _____

Senior Checker sign off _____