

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

- Mark an X on vehicle grid where car seat or booster seat was located.
- Mark an M if car seat or booster seat was moved.
- Mark an N for new car seat or booster seat installation.

D Driver		

- Child present? ☐ YES ☐ NO ☐ Unborn
- Child seated near active front passenger air bag? ☐ YES ☐ NO
- Child in restraint? ☐ YES ☐ NO **(proceed to summary)**
- Seat installed? ☐ YES ☐ NO ☐ NA

SEAT INFORMATION

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

- Seat recalled? ☐ YES ☐ NO ☐ UNSURE
- If recalled, has defect been repaired? ☐ YES ☐ NO ☐ UNSURE
- Original owner/history known? ☐ YES ☐ NO ☐ UNSURE
- Seat been in a crash? ☐ YES ☐ NO ☐ UNSURE
- Seat expired? ☐ YES ☐ NO ☐ UNSURE
- Caregiver registered car seat? ☐ YES ☐ NO ☐ UNSURE

CHILD ARRIVES REAR-FACING (CHECK ONE)

- ☐ Rear-Facing with Base ☐ Rear-Facing w/o Base ☐ Convertible

- Seat appropriate for height and weight of child? ☐ YES ☐ NO ☐ NA
- Seat appropriate for child's age? ☐ YES ☐ NO ☐ NA
- Harness straps at or below shoulders? ☐ YES ☐ NO ☐ NA
- Harness retainer clip used correctly? ☐ YES ☐ NO ☐ NA
- Harness straps snug (pinch test-no slack)? ☐ YES ☐ NO ☐ NA
- Harness straps threaded and attached correctly? ☐ YES ☐ NO ☐ NA

(continued on page 2)

CPS Check Form (continued)

- | | | | |
|--|------------------------------------|--|---------------------------------|
| 7. Recline appropriate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 8. Carrying handle in correct position for travel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 9. Belt path correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 10. Seat installed with (check all that apply): | <input type="checkbox"/> Seat Belt | <input type="checkbox"/> Lower anchors | <input type="checkbox"/> Tether |
| 11. Seat belt or lower anchors used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 12. Tether used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

CHILD ARRIVES FORWARD-FACING WITH HARNESS

- ☐ Convertible ☐ Forward-Facing Only

- | | | | |
|---|------------------------------------|--|---------------------------------|
| 1. Seat appropriate for height and weight of child? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 2. Seat appropriate for child's age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 3. Harness straps at or above shoulders? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 4. Harness retainer clip used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 5. Harness straps snug (pinch test-no slack)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 6. Harness straps threaded and attached correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 7. Seat adjusted in appropriate position (upright unless otherwise allowed by instructions) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 8. Belt path correct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 9. Seat installed with (check all that apply): | <input type="checkbox"/> Seat Belt | <input type="checkbox"/> Lower anchors | <input type="checkbox"/> Tether |
| 10. Seat belt or lower anchors used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 11. Tether used correctly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| 12. LATCH weight limits observed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |

CHILD ARRIVES IN BELT-POSITIONING BOOSTER SEAT

- ☐ Backless ☐ High Back

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

CHILD ARRIVES IN SEAT BELT

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is seat belt appropriate for height of child? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. With child's back against vehicle seat, do legs bend naturally at edge of vehicle seat? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is shoulder belt over center of chest? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Does lap belt fit low on hips? | <input type="checkbox"/> YES | <input type="checkbox"/> 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