



Windsor Police Department

Child Safety Seat Checklist

To Parents: Please complete sections 1 and 2. One form per child per Safety Seat/Seat Belt.

1)

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of child safety seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the child safety seat, the child safety seat provided, or 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 reduce fatal injury by 71% for infants and by 54% for toddlers and that it is important to read both the vehicle and car seat instruction manuals. For these reasons, I hereby release the Windsor Police Department and any program participants, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Participant's Signature _____ Date: _____

2)

Driver's Name:	Relationship to child if not parents:		
Parent's Name(s):	Expectant Mom:	<input type="checkbox"/> Y <input type="checkbox"/> N	Due Date:
Address:	Phone:		
City/State/Zip:	Child's Name:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
VEHICLE INFORMATION		AIR BAGS	
Make:	Driver:	<input type="checkbox"/> Y <input type="checkbox"/> N	Passenger:
Model:	Side:	<input type="checkbox"/> Y <input type="checkbox"/> N	Other:
Year:	On/Off Switch:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Child's Age:			
Child's Weight:			
Child's Height:			
How did you hear about this event?			

3)

Inspector to complete the following sections: *Inspectors: Please verify child's height and weight

Child/Seat Arrives Rear-Facing

Infant w/ Base Infant w/o Base RF Convertible LATCH

A child should be **REAR FACING** until at least 1 year and 20 lbs.

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS in back seat (not in front of air bag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within age/weight/height Range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carry handle down in locked position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat reclined at proper angle (45 degree angle for newborns)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps at or below shoulders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps snug (no slack)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps lie flat and free of tears or frays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip at armpit level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt/LATCH holding seat tightly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt locked properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking Clip installed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tether used correctly (Britax or Sit n Stroll)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness Adjustor slide doubled back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted CSS to Forward-Facing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended different CSS

Child/Seat Arrives Forward-Facing

5 pt. Harness T-Shield Tray Shield

Combo CSS Integrated Other LATCH

A child should be **FORWARD FACING** when over 1 yr. and at least 20 lbs.

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within age/weight/height Range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS adjusted to upright position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps in top slots or reinforced slots (At or above shoulders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps snug (no slack)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps lie flat and free of tears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip at armpit level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt/LATCH holding seat tightly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat belt locked properly (latchplate/retractor/locking clip)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking clip installed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tether used correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted seat to Rear-Facing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted seat to Belt Positioning Booster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseled participant on tethers

Belt Positioning Booster (no harness)

Backless High Back Shield

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within age, weight, & height range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lap/Shoulder belt positioned correct
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shield snua against child

Other Child Restraint (Laptop/Harnesses)

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within age, weight, & height range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used according manufacturers' instructions

Vehicle Safety Belt

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's knees bend at edge of seat with no slouching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's back against seatback
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belt over center of shoulder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lap belt over upper thighs (low on

Child Safety Seat Checklist Form

INSPECTOR TO COMPLETE FOLLOWING SECTIONS

4)

Location:	Date: / /	Seat Installed: <input type="checkbox"/> With Child <input type="checkbox"/> Without Child	Mark an X where seat was found. Mark an M where moved to. D = Driver <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="text-align: center;">D</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	D														
D																		
Make of Seat: <input type="checkbox"/> Britax <input type="checkbox"/> Century <input type="checkbox"/> Cosco <input type="checkbox"/> Evenflo <input type="checkbox"/> Graco <input type="checkbox"/> Other _____																		
Name of Seat:	Model #:	Mfg. Date:																
Meets FMVSS 213: <input type="checkbox"/> Y <input type="checkbox"/> N	Seat Recalled: <input type="checkbox"/> Y <input type="checkbox"/> N	Seat involved in a crash: <input type="checkbox"/> Y <input type="checkbox"/> N																
Second Hand Seat: <input type="checkbox"/> Y <input type="checkbox"/> N	History Known: <input type="checkbox"/> Y <input type="checkbox"/> N																	
Type of Latch Plate: <input type="checkbox"/> Sliding <input type="checkbox"/> Fixed <input type="checkbox"/> Locking <input type="checkbox"/> Lightweight Locking																		
Type of Retractor: <input type="checkbox"/> ELR <input type="checkbox"/> ALR <input type="checkbox"/> Switchable <input type="checkbox"/> None																		

5)

<p>THIS SECTION MUST BE COMPLETED!!!</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> No misuse observed</td> <td><input type="checkbox"/> Child arrived without CSS</td> </tr> <tr> <td><input type="checkbox"/> All corrections made</td> <td><input type="checkbox"/> CSS arrived uninstalled</td> </tr> <tr> <td><input type="checkbox"/> Not all corrections made (Explain in Comments Section)</td> <td><input type="checkbox"/> New CSS provided (Complete section to right)</td> </tr> </table> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Recommend new CSS</td> </tr> <tr> <td><input type="checkbox"/> Child graduated to next CSS/Booster</td> </tr> <tr> <td><input type="checkbox"/> CSS was turned forward or turned to BPB</td> </tr> <tr> <td><input type="checkbox"/> Parent(s) helped install CSS</td> </tr> </table>	<input type="checkbox"/> No misuse observed	<input type="checkbox"/> Child arrived without CSS	<input type="checkbox"/> All corrections made	<input type="checkbox"/> CSS arrived uninstalled	<input type="checkbox"/> Not all corrections made (Explain in Comments Section)	<input type="checkbox"/> New CSS provided (Complete section to right)	<input type="checkbox"/> Recommend new CSS	<input type="checkbox"/> Child graduated to next CSS/Booster	<input type="checkbox"/> CSS was turned forward or turned to BPB	<input type="checkbox"/> Parent(s) helped install CSS	<p>INFORMATION ON NEW CSS PROVIDED</p> <p>Make: _____</p> <p>Model Name: _____</p> <p>Model #: _____</p> <p>Date of Mfg: _____</p> <p>Registration Card Mailed for Parent: <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<input type="checkbox"/> No misuse observed	<input type="checkbox"/> Child arrived without CSS										
<input type="checkbox"/> All corrections made	<input type="checkbox"/> CSS arrived uninstalled										
<input type="checkbox"/> Not all corrections made (Explain in Comments Section)	<input type="checkbox"/> New CSS provided (Complete section to right)										
<input type="checkbox"/> Recommend new CSS											
<input type="checkbox"/> Child graduated to next CSS/Booster											
<input type="checkbox"/> CSS was turned forward or turned to BPB											
<input type="checkbox"/> Parent(s) helped install CSS											

COMMENTS: (Please describe any misuse, recommendations or instructions)

6)

<p>LATCH VEHICLE: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>LATCH system used correctly? Please describe any misuse observed: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PLEASE REVIEW COMPLETED FORM WITH DRIVER, AND HAVE DRIVER SIGN: " I understand and accept the recommendations made by the child safety seat inspector. I am satisfied with this CSS installation."</p> <p>Driver's Signature: _____</p>	<p>Inspectors: check the boxes pertinent to parents/driver.</p> <p>*All Boxes should be checked</p> <p><input type="checkbox"/> Findings discussed with parent/driver</p> <p><input type="checkbox"/> Discussed turn-around / graduation time</p> <p><input type="checkbox"/> Informed parent/driver of any recalls</p> <p><input type="checkbox"/> Reviewed manufacturer's instructions</p> <p>Participant given:</p> <p><input type="checkbox"/> Printed Materials</p> <p><input type="checkbox"/> Noodle</p> <p><input type="checkbox"/> Grip Material</p> <p><input type="checkbox"/> Locking Clip</p> <p><input type="checkbox"/> Information on Airbag/safety issues</p>
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Checker Name(s): _____ Senior Checker Sign Off: _____