

PARENTAL/CARE GIVER CONSENT: I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation and/or use of child restraints (CR's) and safety belts; that this inspection is being provided as a free service to me; that this program and/or service cannot fully evaluate the quality, safety, or condition of any CR or vehicle safety belt inspected; and that this program cannot guarantee my child's safety in a vehicle collision. However, I do understand that the CR installation and use assistance and recommendations given to me by the program participants will help to reduce, but will not eliminate, the chance of my child being killed or seriously injured in a vehicle collision. For these reasons, I choose to participate in this program and release the program and program participants from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Child: Present?  Yes  No / Age:  Unborn  Years = \_\_\_\_ Months = \_\_\_\_ ? / Weight: \_\_\_\_ lbs. ?

Ethnicity:  White/Caucasian  Black/African American  Latino/Hispanic  Native American  Other: \_\_\_\_\_

Vehicle: Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Style: \_\_\_\_\_

C\* = Correct I\*\* = Incorrect and must correct error if possible or provide appropriate advice ? = Unknown, provide advice na = Not applicable

- 1. RESTRAINT USED:  Rear-facing only  Harness/Vest  Lap belt only [Skip to # 28]
 Convertible  Shield booster  Lap & shoulder belt only [Skip to # 28]
 Front-facing only with harness/shield  Belt position booster  Other = \_\_\_\_\_

- 2. CR Mfg: \_\_\_\_\_ (Note additional errors under #41) C\* I\*\*
3. Mod Name: \_\_\_\_\_
4. Mod #: \_\_\_\_\_
5. Mfg Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Recalled, OR >10 yrs. old, OR crash involved ...  N  Y  ?
7. Full instructions & labels & registered with mfg. ...  Y  N  ?
8. Type of restraint best for age/size of child ...  Y  N  ?

- CR HARNESS USE: (Note additional errors under #41) C\* I\*\*
9. Type harness/shield/belt best for age/size of child .  Y  N
10. All parts present & good condition . . . . .  Y  N
11. Straps around frame/shell & thru slots correctly ...  Y  N  na
12. Straps & harness/shield fit correctly . . . . .  Y  N  na
13. Retainer clip positioned correctly . . . . .  Y  N  na
14. Harness adjustment mechanism locked . . . . .  Y  N  na
15. Lap and shoulder belts for BPB fit correctly . . . . .  Y  N  na
16. Harness/shield/belts for BPB snug enough . . . . .  Y  N  na
17. All harnessing errors corrected . . . . .  Y  N  na

- CR INSTALLATION: (Note additional errors under #41)
18. CR installed in active front/side air bag position ...  N  Y  na
19. Overall, best seating position being used . . . . .  Y  N
20. Correct front/rear-facing position . . . . .  Y  N
21. Correct recline angle used . . . . .  Y  N  na
22. Seat belt routed correctly . . . . .  Y  N  na
23. Seat belt locked ("No" for BPB belt is "ok")  OK  Y  N  na
24. Lower LATCH attached correctly . . . . .  Y  N  na
25. Tether installed and used correctly . . . . .  Y  N  na
26. Installation tight enough (No more than 1") . . . . .  Y  N  na
27. All installation errors corrected . . . . .  Y  N  na
FOR CHILDREN IN SAFETY BELTS ONLY: (Skip to #34 if in CR)
28. Child seated in active front/side air bag position .  N  Y
29. Legs bend over edge of cushion at knees . . . . .  Y  N
30. Lap belt touching thighs and snug . . . . .  Y  N
31. Shoulder belt properly positioned and snug . . . . .  Y  N  na
32. Non-certified belt adjuster in use . . . . .  N  Y
33. Fit/positioning errors corrected . . . . .  Y  N  na
AFTERMARKET PRODUCTS:
34. Inappropriate aftermarket products in use . . . . .  N  Y

CR/CHILD POSITION IN VEHICLE:

PROGRAM / TECHNICIAN INFORMATION:

35. At arrival: # \_\_\_\_  na
36. Moved to: # \_\_\_\_  na
37. Installed in: # \_\_\_\_  na
11 12 13
21 22 23
31 32 33
41 42 43
99 = Other

38. Site of Inspection \_\_\_\_\_
39. Proper use of the restraint system has been demonstrated and taught to the care giver. .  Y  N
40. Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_
Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

41. Other errors / Comments / Recommendations / Corrections Made: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_ (continue on back of this form)

CARE GIVER ACKNOWLEDGMENT: The correct use of my restraint system has been clearly explained, demonstrated and taught to me.

42. Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_