



Child Passenger Safety Checklist

Use blue, black, or #2 pencil and for mistakes use Wite-out correction tape.
Only submit original forms; copies will not be accepted.

WASHINGTON STATE
CHILD PASSENGER SAFETY

Fill in boxes, from left to right one letter/number per box

1 2 3 A B C

Fill in circles like this ●

Caregiver First Name (Person Receiving Information)

Grid for Caregiver First Name

Caregiver Last Name

Grid for Caregiver Last Name

Street Address

Grid for Street Address

City

Grid for City

State

Grid for State

Zip

Grid for Zip

Phone

Grid for Phone

Email Address

Grid for Email Address

Vehicle Make/Mfg. (e.g. Chevy, Buick)

Grid for Vehicle Make/Mfg.

Vehicle Model (e.g. Malibu, Enclave)

Grid for Vehicle Model

Vehicle Year

Grid for Vehicle Year

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper child safety seat installation; that this inspection is being provided as a free educational service to me; that this program cannot fully evaluate the quality, safety or condition of the child safety seat, any 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. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release local, state and national passenger safety programs, certified technicians, and any program participants or agencies for any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Today's Date

Month / Day / Year (201)

Caregiver signature

Signature line

STOP HERE

CHILD NUMBER ONE - COMMENT BOX ON BACK

Child Present Yes No Unborn

Child with Special Transport Needs? Yes No

Child's age

Grid for Child's age

Days
 Month(s)
 Year(s)

Height/inches

Grid for Height/inches

Weight/lbs

Grid for Weight/lbs

Child First Name or Initials

Grid for Child First Name or Initials

Child Birth Date
DOB(MM/YYYY)

Grid for Child Birth Date

ON ARRIVAL

1. Child/CSS location in vehicle

Location options: front row, back, 3rd row, Other seating location

2. CSS installed using (select all that apply)

Installation options: No CSS, Integrated Seat, Uninstalled, Seatbelt, Tether, Lower anchors

3. Restraint type:

Restraint options: RF only w/o base, Base only, FF w/ harness, Lap/Shoulder, Car bed, RF only w/ base, RF convertible, BP Booster, Lap only, Vest

4. CSS MFG:

Manufacturer options: Baby Trend, Chicco, Diono, Nuna, Recaro, Evenflo, Dorel, Other

5. Model Number

Grid for Model Number

6. MFG Date (MM/DD/YYYY)

Grid for MFG Date

FINDINGS

Yes No N/A

Findings checklist: CSS history known, CSS involved in a crash, CSS labels missing, CSS expired, CSS recalled, CSS correct direction, CSS harness correct, Recline angle correct, Lower anchors correct, Tether correct, Seatbelt correct

ON DEPARTURE

18. Child/CSS location in vehicle

Location options: front row, back, 3rd row, Other seating location

19. Child/CSS installed using (select all that apply)

Installation options: No CSS, Uninstalled, Seatbelt, Tether, Lower anchors

21. Restraint type:

Restraint options: RF only w/o base, Base only, FF w/ harness, Lap/Shoulder, Car bed, RF only w/ base, RF convertible, BP Booster, Lap only, Vest

22. CSS MFG:

Manufacturer options: Same as 4,5,6, Britax, Chicco, Diono, Nuna, Recaro, Evenflo, Dorel, Other

23. Model Number:

Grid for Model Number

24. MFG Date (MM/DD/YYYY):

Grid for MFG Date

25. Child / CSS Correct Yes No

26. CSS/Vehicle Compatible Yes No

27. Education Materials Given Yes No

28. Discussed Unattended Children In & Around Cars Yes No

29. Next Steps Discussed Yes No

CAREGIVER SIGN OFF:

30. I harnessed child/doll in CSS Yes No N/A

31. I participated/installed CSS Yes No N/A

32. My Ethnicity (VOLUNTARY)

Ethnicity options: Black or African American, White, Hispanic, Asian, Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native, Other

33. I can install my car seat on my own

Yes Maybe No

Initials Donation \$

Tech Last Name Tech Worked alone

Grid for Tech Last Name

Tech Number

Grid for Tech Number

COALITION #

Grid for Coalition #

Tech Last Name Senior Checker

Grid for Tech Last Name

Tech Number

Grid for Tech Number

CPS Class

Inspection Station

Partner #

Grid for Partner #



