



**SOMERSET COUNTY, NEW JERSEY**  
**CHILD PASSENGER SAFETY INSPECTION & EDUCATION STATIONS**  
 Funded in part by the New Jersey Office of Highway Traffic Safety



# CHILD SAFETY SEAT INSPECTION REPORT

PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

LAST NAME:		FIRST:		MI:	
STREET ADDRESS:					
APT NO. / PO BOX NO.:					
CITY:		STATE:	ZIP CODE:		MUNICIPAL CODE:
PHONE:			Somerset County Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race: (Optional) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about this event? <input type="checkbox"/> Flyer <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Drove by <input type="checkbox"/> Hospital/Doctor <input type="checkbox"/> Other <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Supermarket Advertising Video					
Child present? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expectant parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE MAKE:	MODEL:	YEAR:	STATE:	LICENSE PLATE:	MILEAGE:
CHILD'S NAME (if expectant, please leave blank):			AGE:	WEIGHT:	HEIGHT:

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car 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 risk, and that it is important to read both the vehicle and child safety seat instruction manual.

For these reasons I hereby agree to save, protect, indemnify, hold harmless and release the New Jersey Division of Highway Traffic Safety; participating agencies, Somerset County, the National SAFE KIDS Campaign; their agents and representatives; and any program participants; from any present or future liability for any personal injuries or property damage that may result from the installation, inspection or use of a child safety seat. Optional race data is matched with zip code and used to assess those areas underserved and provide for future resource allocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY CHILD PASSENGER SAFETY TECHNICIAN

Upon arrival:  No Misuse Observed  Misuse Observed  CSS Arrived Uninstalled

CSS MANUFACTURER:	NAME/MODEL NO:	DATE OF MANUFACTURE:
NEW SEAT PROVIDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	CSS MANUFACTURER:	NAME/MODEL NO: DATE OF MANUFACTURE:

#### ABOUT THE SEAT... YES NO

Has this CSS been checked before?	<input type="checkbox"/>	<input type="checkbox"/>
Original Owner/history known?	<input type="checkbox"/>	<input type="checkbox"/>
Registration card sent in?	<input type="checkbox"/>	<input type="checkbox"/>
CSS involved in crash?	<input type="checkbox"/>	<input type="checkbox"/>
Is seat (& all parts) free from damage?	<input type="checkbox"/>	<input type="checkbox"/>
CSS on recall list?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has defect been repaired?	<input type="checkbox"/>	<input type="checkbox"/>
Participant advised of recall	<input type="checkbox"/>	<input type="checkbox"/>

#### POSITION IN THE VEHICLE

<b>D</b>		

Mark an "X" where the seat arrived.  
 Mark an "M" where the seat was moved to.  
 Mark an "I" where it was installed.

Latch™  Seatbelt

**REAR FACING CHILD SAFETY SEAT:**

**SEAT TYPE:**    Base Only    Infant without base    Infant with base    Rear Facing Convertible

**FORWARD FACING CHILD SAFETY SEAT:**

**SEAT TYPE:**    3 Pt Harness    5 Pt Harness    T-Shield    Tray Shield    Integrated/Other

**BELT POSITIONING BOOSTER:**

**SEAT TYPE:**    Backless    High Back    Shield Booster    Lap and shoulder belt

**VEHICLE SAFETY BELTS:**

Discuss safe transportation of older children/siblings with parents. Demonstrate seat belt fit test.

**GENERAL CONSIDERATIONS: (UPON ARRIVAL)**

	YES	NO	N/A
Child is within recommended age/weight/height for CSS?	<input type="checkbox"/>	<input type="checkbox"/>	
Child safety seat appropriate for child?	<input type="checkbox"/>	<input type="checkbox"/>	
Child safety seat appropriate for use?	<input type="checkbox"/>	<input type="checkbox"/>	
Used according to manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
Child safety seat not in front of airbag? ( <i>back seat</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness retainer clip threaded correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness straps attached securely and threaded correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Latch belt locking CSS tightly? ( <i>&lt;1" movement @ belt path</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety/Latch belt routed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locking Clip used correctly? ( <i>if needed</i> ) <input type="checkbox"/> Built in <input type="checkbox"/> Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tether used correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Complete only if child is present:**

	YES	METHOD OF INSTALLATION	
Harness retainer clip at armpit level?	<input type="checkbox"/>	<input type="checkbox"/> LATCH™	<input type="checkbox"/> Belt Shortening Clip
Harness retainer clip used correctly? ( <i>if required</i> )	<input type="checkbox"/>	<input type="checkbox"/> Seatbelt	<input type="checkbox"/> Seatbelt w/Top Tether
Harness straps snug? ( <i>no slack</i> )	<input type="checkbox"/>	<input type="checkbox"/> Seatbelt & Locking Clip/Lock Off	

**REAR FACING CONSIDERATIONS:**

	YES	NO	N/A
Appropriate recline? ( <i>no more than 45 degrees</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying Handle in Correct position for travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness straps at or below shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FORWARD FACING CONSIDERATIONS:**

	YES	NO	N/A
Child Safety Seat in upright Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harness Straps in reinforced slots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BOOSTER SEAT - VEHICLE SEATBELT CONSIDERATIONS:**

	YES	NO	N/A
Child's back against vehicle seat back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's legs bend over seat without slouching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lap/Shoulder belt correctly positioned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety belt over center of shoulder & upper thighs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shield snug against child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACTIONS TAKEN BY CHILD SAFETY SEAT TECHNICIAN**

<input type="checkbox"/> Counseled regarding proper use	<input type="checkbox"/> All corrections made
<input type="checkbox"/> Converted CSS to forward facing	<input type="checkbox"/> Recommended booster seat
<input type="checkbox"/> Converted CSS to rearward facing	<input type="checkbox"/> Recommended safety belts
<input type="checkbox"/> Converted CSS to belt positioning booster	<input type="checkbox"/> Participant helped install


TECH 1 INITIALS	CERT #	TECH 2 INITIALS	CERT #	SENIOR CHECK #