



MINNESOTA CHILD PASSENGER SAFETY CHECK UP FORM



Clinic Location _____ Date ____/____/____ Time _____

Parent/Guardian name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Vehicle Make _____ Model _____

Year _____ odometer _____

Child's Name _____

Age _____ Wt _____ Ht _____

I understand that the sole purpose of this check up form is to help reduce the incidence of improper installation and use of child safety seats. This inspection is being provided as a free service to me. I understand that this program cannot fully evaluate the quality, safety, or condition of my child safety seat or any component of my vehicle. This includes the seats, safety belts, LATCH and airbags. This assessment 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% and that it is important to read both my vehicle and safety seat instruction manuals.

Signature _____

Date ____/____/____

*All personal information received will be kept confidential. All other information may be used for research purposes and you may be contacted later to complete a Survey about the inspection you participated in today.

Official Use only- Do not write below this line

VEHICLE SEAT CHART

Mark an X where the seat was found

Mark an M if / where it was moved

Mark an A where an airbag is present

D		

PARENT INTERVIEW

- Are you the original owner of the seat? ☐ Yes ☐ No
- Has the seat been involved in a crash? ☐ Yes ☐ No
- Did you read your instruction book for the seat? ☐ Yes ☐ No
- Did you send in the registration card? ☐ Yes ☐ No
- Was it mailed in with your current address? ☐ Yes ☐ No

CURRENT SEAT INFORMATION

Manufacturer _____

Model Name _____

Model Number _____

Date of Mfg. _____

Information missing: ☐ Yes ☐ No

NEW SEAT INFORMATION

Manufacturer _____

Model Name _____

Model Number _____

Date of Mfg. _____

Child restraint provided by: ☐ Parent ☐ Agency

Registration card completed & mailed by:
☐ Clinic Host ☐ Parent

MATERIALS GIVEN

- ☐ Printed materials ☐ Coupon/voucher for seat
- ☐ Locking clip ☐ Belt shortening clip
- ☐ Noodle/towel/newspaper ☐ Slip guard materials
- ☐ Vehicle/CSS mfr. Phone # ☐ CSS. Mfr. Phone
- ☐ Other _____

DISCUSSION ITEMS

- ☐ Next step education
- ☐ Bulky clothing
- ☐ Aftermarket products
- ☐ Hazards in the vehicle
- ☐ Turn around time (AAP rec.)

Consulted both vehicle & CSS owners' manual: ☐ Yes ☐ No If no, explain: _____

Participant installed the seat and secured the child in the seat: ☐ Yes ☐ No

If no, explain: _____

Checker: _____ Recorder: _____ Senior Checker: _____

Safety Belt Information

Safety Belt: ☐ Lap ☐ Lap/Shoulder ☐ Other: _____
Retractor: ☐ ELR ☐ ALR ☐ Switchable Is it Locked? ☐ Yes ☐ No ☐ NONE
Latchplate: ☐ Locking ☐ Free sliding ☐ Fixed/sewn ☐ Switchable> Locked? ☐ Yes ☐ No
Locking clip needed: ☐ Yes ☐ No ☐ N/A **Locking clip used?** ☐ Yes ☐ No
Locking clip used correctly? ☐ Yes ☐ No If No, explain: _____
Safety belt after-market product used? ☐ Yes ☐ No If Yes, Explain: _____

LATCH Information

Top Tether used: ☐ Yes ☐ No ☐ N/A **Correctly?** ☐ Yes ☐ No If No, explain: _____
Lower Anchors used? ☐ Yes ☐ No ☐ N/A **Correctly?** ☐ Yes ☐ No If No, explain: _____
(48Lb. limit on anchor bars)

BOOSTER SEAT

☐ Seat arrived uninstalled **Child Present:** ☐ Yes ☐ No
Choose one: ☐ Backless ☐ High Back

<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat in proper location?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for child's ht/wt?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for child's age?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Child sitting up not slouching?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Lap belt stays snug & low on hips?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Shoulder belt correctly positioned?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Buckle latched securely?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat belt routed properly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Meets FMVSS 213?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall/safety notice issued?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall repaired?

SEAT BELT

☐ Yes ☐ No ☐ N/A **Child sitting up straight, not slouching?**
☐ Yes ☐ No ☐ N/A **Appropriate hip and knee position?**
☐ Yes ☐ No ☐ N/A **Lap belt stays low and snug on hips?**
☐ Yes ☐ No ☐ N/A **Shoulder belt correctly positioned?**
If no, explain: _____

OTHER CHILD RESTRAINT

☐ Yes ☐ No **Child present?**
☐ Yes ☐ No **Seat arrived uninstalled?**
☐ Yes ☐ No ☐ N/A **Child within recommended ht/wt range?**
☐ Yes ☐ No ☐ N/A **Used according to Mfg. Instructions?**
☐ Yes ☐ No ☐ N/A **Meets FMVSS 213?**
☐ Yes ☐ No ☐ N/A **Recall/safety notice issued?**
☐ Yes ☐ No ☐ N/A **Recall repaired?**

REAR FACING SEAT

☐ Seat arrived uninstalled **Child Present:** ☐ Yes ☐ No
Choose one: ☐ Convertible ☐ Infant Only
Choose one: ☐ 3 point ☐ 5 point ☐ Tray shield ☐ T Shield

<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for height/weight?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for age?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat facing proper direction?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat in proper location? (Per mfg. instructions)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat reclined properly? (Per mfg. instructions)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Handle in proper position?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness adjusted for a snug fit?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness retainer clip attached?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Retainer clip threaded correctly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Retainer clip at armpit level?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Buckle latched securely?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Crotch strap between legs?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Lap straps low on hips?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Safety belt/LA routed properly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Safety belt/LA holding seat tightly? (one inch test)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness in proper slot? (At or below shoulder)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness attached/threaded correctly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Meets FMVSS 213?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall/safety notice issued?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall repaired?

FORWARD FACING SEAT

☐ Seat arrived uninstalled **Child Present:** ☐ Yes ☐ No
Choose one: ☐ Convertible ☐ Integrated ☐ Combination
Choose one: ☐ 5 point ☐ Tray shield ☐ T Shield

<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for ht/wt?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat appropriate for child's age?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat facing proper direction?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat in most upright position?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Seat in proper location? (Per mfg. instructions)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness adjusted for a snug fit?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness retainer clip attached?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Retainer clip threaded correctly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Retainer clip at armpit level?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Buckle latched securely?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Crotch strap between legs?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Lap straps low on hips?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Safety Belt/LA routed properly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Safety belt/LA holding seat tightly? (one inch test)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness in proper slots? (per. Mfg. instructions)
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Harness attached/threaded correctly?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Meets FMVSS 213?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall/safety notice issued?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Recall repaired?

Comments: _____

