CHILD PASSENGER CHECKUP

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF INJURY PREVENTION AND CONTROL
SFN 50912 (12-2011)

Date of Event:	Location:
Technician(s) Name:	
Lead Checker Signature:	

Please Print Clearly: A form must be completed for each safety seat inspected.
This section to be completed by driver.

CAREGIVER'S INFORMATION

Name:			Telephone Number:	
Address:		City:	State:	ZIP Code:
E-Mail Address:		Have you had this car seat checked before? ☐ Yes ☐ No	How Did You Hear About This Check-up?	
Vehicle Year:	Vehicle Make:	Vehicle Model:		

I understand and agree that the purpose of this program is to help reduce improper use of child safety restraints; 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 car safety seat, the car seat provided, or any component of my vehicle, including the seats or seat belts; and this program cannot guarantee my child's safety in a crash. I understand that it is important to read both the vehicle and car safety seat instruction manuals. For these reasons, I hereby release all program sponsors and participants from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

Caregiver's Signature:	Date:

CHILD INFORMATION

Name of Child:	Age:	Weight:	Height:	Expectant Mom: ☐ Yes

All remaining sections to be completed by technicians.

SAFETY SEAT INFORMATION

Record information as seat appears on arrival.

Mark an **X** where seat found
Mark an **M** where moved
Mark an **N** for new installation
D = Driver

D		

Child Present:	☐ Yes ☐ No
Child in Car Seat:	☐ Yes ☐ No
Car Seat Installed:	☐ Yes ☐ No ☐ NA
Is child seated near active airbag?	☐ Yes ☐ No

SUMMARY

Upon departure, how was restraint installed?
☐ Seat belt ☐ Tether ☐ Lower Anchors ☐ NA

☐ All corrections made
☐ Not all corrections made (Explain in comments)
☐ No misuse observed
☐ New install

☐ New car seat recommended
☐ New car seat provided (specify manufacturer/model/date):

Caregiver installed or assisted ☐ Yes ☐ No

Removed add-on products (Explain in comments)
☐ Yes ☐ No ☐ NA

Educational materials given? ☐ Yes ☐ No

Comments

RESTRAINT INFORMATION

Car Seat Manufacturer:		
Model Name:	Model Number:	Date of Manufacturer:

	Yes	No	UNK
Is seat recalled?			
If recalled, has defect been repaired?			
Original owner/history known?			
Has car seat been in crash?			
Is restraint expired?			
Caregiver returned registration card?			

CHILD ARRIVES REAR-FACING

☐ Infant w/base ☐ Convertible ☐ Base Only
☐ Infant w/o base

	Yes	No	NA
Is this seat appropriate for age/weight/height of child?			
Is recline appropriate for child? (45 degrees and head does not fall forward)			
Is carrying handle in correct position for travel?			
Is harness retainer clip used correctly?			
Are harness straps at or below shoulders?			
Are harness straps snug? (pinch test, no slack)			
Are harness straps attached securely & threaded correctly?			
Is car seat installed tight? ☐ Seat Belt ☐ Lower Anchors			
Seat belt or lower anchors used correctly? If no, explain errors.			
Is tether used (if allowed by restraint manufacturer)?			
Is tether used correctly?			

Explain seat belt or LATCH errors:

CHILD ARRIVES FORWARD-FACING WITH HARNESS

☐ Convertible Seat ☐ Integrated
☐ Forward-facing only ☐ Other _____

	Yes	No	NA
Is this seat appropriate for age/weight/height of child?			
Is forward-facing appropriate for this child?			
Is seat adjusted in appropriate position (upright unless allowed otherwise by instructions)			
Is harness retainer clip used correctly?			
Are harness straps in correct slots, at or above shoulders?			
Are harness straps snug? (pinch test, no slack)			
Are harness straps attached securely & threaded correctly?			
Is car seat installed tight? ☐ Seat Belt ☐ Latch			
Is seat belt or LATCH used correctly? If no, explain errors.			
Is tether used (if available in vehicle and car seat)?			
Is tether used correctly?			

Explain seat belt or LATCH errors:

BELT-POSITIONING BOOSTER (No harness)

☐ Backless ☐ High-Back

	Yes	No	NA
Is the seat appropriate for the weight/height of child?			
Is the car seat appropriate for the age of the child?			
Is lap/shoulder belt correctly positioned?			
For backless boosters, is there head protection?			

VEHICLE SAFETY BELT

	Yes	No	NA
Is seat belt appropriate for age/height of child?			
Do child's legs bend over vehicle seat and feet stay flat on floor?			
Is child's back against vehicle seat back?			
Is shoulder belt over center of chest?			
Does lap belt fit low on hips?			