

Type of Seat Belt <input type="checkbox"/> Lap <input type="checkbox"/> Lap/Shoulder <input type="checkbox"/> Inflatable			Type of Latch Plate <input type="checkbox"/> Locking <input type="checkbox"/> Sliding <input type="checkbox"/> Sewn-on <input type="checkbox"/> Switchable <input type="checkbox"/> Dynamic				Retractor Type <input type="checkbox"/> ALR <input type="checkbox"/> LIA <input type="checkbox"/> Switchable <input type="checkbox"/> None		
Latch System in Use <input type="checkbox"/> Yes <input type="checkbox"/> No		Tether in Use <input type="checkbox"/> Yes <input type="checkbox"/> No		LA in Use <input type="checkbox"/> Yes <input type="checkbox"/> No					

Type of Seat

Rear Facing Only
 Carrier & Base
 Carrier Only
 Base Only

Rear Facing Convertible (A child should remain rear facing until 2 years or until reaching the upper weight and height limits of seat.)

Forward Facing Convertible (A child must be over 2 years old or over 40 lbs.)

Forward Facing/Combination

3 in One/4 in One/All in One

Booster (Only used with Lap/shoulder belt)

 High Back (Recommended if vehicle does not have head restraints.)

 No Back (Recommended if vehicle has head restraints.)

Integrated Seat (Forward facing use only, children 1 year and over 20 lbs.)

Safety Belt
 Lap/Shoulder
 Lap Only

Other (Car bed, vest, etc.) _____

Type of Harness <input type="checkbox"/> 3 point <input type="checkbox"/> 5 point <input type="checkbox"/> T- Shield <input type="checkbox"/> Tray Shield			Manufacturer			Name of Seat					
Model No.			Date Manufactured			Expiration Date			Serial No.		
Original Owner				Known History				Registration Form Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Seats Meets FMV213? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recalled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, were corrections made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Installed Correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Install			Corrections Made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		New Seat Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Comments on How the Seat Arrived

Seat Replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Install		Type of Seat		Supplied By		Manufacturer		
Model Name			Model No.			Manufactured Date		
Expiration Date			Serial No.					

Corrections/Recommendations Made: *** Safety Seat Box SEALED at time of distribution (if applicable) Yes No N/A

Installed Seat <input type="checkbox"/> R/F <input type="checkbox"/> F/F		Installed Using <input type="checkbox"/> Safety belt <input type="checkbox"/> LATCH <input type="checkbox"/> Tether			Participant Assisted in Installation <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Participant Installed Child Safety Seat
 Yes If No, explain.

Participant Initials: _____

Materials Given to Participants
 Pool Noodle/Towel
 Locking Clip
 Written Materials
 Other _____

Technician/Scriber Signature		Tech ID No.		Date	
Senior Checker Signature		Tech ID No.		Date	