CHILD SAFETY SEAT PROGRAM INSPECTION REPORT

CHICAGO POLICE DEPARTMENT

Loca	ation (of Ev	ent:			Sponsoring Agency:		
Date	:				Tea	m Members:		
						fety Seat Program Inspection Report for each seat being inspected. Please Print.		
Name:						Address: City: Zip:		
						Height: Expectant Mother: Tes No Due Date:		
						Year: V.I.N. No		
						Frontal On/Off Switch: Yes No Side Impact Air Bags: Yes No		
			_			Guardian Other		
insta or co prog resp and	Illatior onditic ram c ective future	n of chon of the cannot end office the cannot end office the cannot end of the canno	nild sa he chi guara ers, dii ity fror	fety se ld safe antee r rectors n any	eats; that ety seat, t my child's s, employ injuries o	erstand and agree that the sole purpose of this program is to help reduce the incident of improper this inspection is being provided as a service to me. This program cannot fully evaluate the quality, safe the child safety seat provided or any component of my vehicle including the seats or safety belts. This is safety in a crash. For these reasons I hereby release the City of Chicago, Chicago Police Department, wees, agents, and the State of Illinois, and any other program participants and sponsors, from any present damages that may result from a vehicle collision or otherwise.	nt	
Parti	cipan	t Sign	ature:			Phone Number:Date:	_	
D		D= Driver X= Position Seat How did the participant find out about the event?						
					n Seat	Have you had this car seat inspected before?	No	
				Moved to New Inst		Child Present? ☐ Yes ☐ No Child Arrived? ☐ in car seat ☐ seat belt ☐ on lap ☐ unrestrained		
Com	plete	this	sectio	n on l	now the	seat and the child arrived: New installation/corrections made check P/E for parent educated.		
	Yes	<u> </u>	No 🗆	N/A	☐ P/E	Child facing the correct direction for age/weight (rear facing until 2 years, IL Law)		
	Yes	<u> </u>	No 🔲	N/A	☐ P/E	Child within manufacturer's recommended weight and height range of the seat		
	Yes		No 🗌	N/A	☐ P/E	Harness straps are at or below shoulders (rear facing)		
	Yes	۱ ت	No 🔲	N/A	☐ P/E	Harness straps at or above shoulders (forward facing)		
	Yes	□ 1	No 🔲	N/A	P/E	Harness in re-enforced position on seat (forward facing convertible)		
	Yes		No 🔲	N/A	P/E	Harness straps threaded correctly		
	Yes		No 🔲	N/A	P/E	Harness retainer clip present		
	Yes		No 🔲	N/A	P/E	Harness retainer clip at arm pit level		
	Yes	□ 1	No 🔲	N/A	P/E	Harness straps snug (pinch test)		
	Yes		No 🗆	N/A	☐ P/E	Using non-regulated products (headrests, seat belt pads, mirrors, etc.)		
	Yes	□ 1	No 🔲	N/A	☐ P/E	Seat in front of /or next to an air bag		
	Yes	□ 1	No 🔲	N/A	P/E	Seat secure in vehicle (1-inch test. side to side /front to back at belt path)		
	Yes		10 <u></u>	N/A	☐ P/E	Seat reclined to appropriate angle (per manufacturer instructions)		
	Yes		No 🗌	N/A	☐ P/E	Seat belt or lower anchor straps in correct belt path		
	Yes		No 🔲	N/A	☐ P/E	Seat belt in locked mode if needed (use of locking clip, switchable retractor)		
	Yes		10 <u></u>	N/A	P/E	Locking clip used correctly (if needed)		
	Yes		ا ol	N/A	P/E	Lock-off on safety seat used correctly		
	Yes	1	No 🗌	N/A	☐ P/E	LATCH system used correctly (both lower anchors and tether used and child/CR within weight limit)		
	Yes		No 🔲	N/A	☐ P/E	Lower Anchors used correctly		
	Yes		No 🗆	N/A	☐ P/E	Tether used correctly		
	Yes		No 🔲	N/A	☐ P/E	Seat belt used accordingly (8 years older Illinois Law)		
	Yes		No 🔲	N/A	☐ P/E	Seat belt used properly (includes with or without a booster)		

	Type of Latch Plate ☐ Locking ☐ Sliding ☐ Sewn-on ☐ Switchable ☐ Dynamic					I	Retractor Type								
		Sliding			ole L D	ynamic	ALR LL LIA	A Switchable None							
	in Use Yes ☐ No														
Type of Seat	res 🔲 140														
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 Convertible	e (A child must be	over 2 y	ears old or ov	ver 40 lbs.)											
☐ Forward Facing/Combination	on														
3 in One/4 in One/All in One	е														
☐ Booster (Only used with Lap	p/shoulder belt)														
☐ High Back (Recommende	ded if vehicle doe			ints.)											
Integrated Seat (Forward fa			,	20 lbs.)											
Safety Belt Lap/Shou	-	-	,	_0 .50.,											
Other (Car bed, vest, etc.)															
Type of Harness	Ma	anufactu	rer			Name of S	eat								
☐ 3 point ☐ 5 point ☐ T- Shield ☐	Tray Shield														
Model No.	Date Manufac	tured		Expiration Date			Serial No.								
Original Owner	Known History	,		<u> </u>	Regis	tration Forn	Sent?	Seats Meets FMVS213?							
Original Owner	Trilowit History	,			"	Yes 🗆		Yes No							
- III	1.0 110	stallad C	Na mana addi 10												
Recalled? If yes, were corrections	I .		Correctly?			ons Made?	. 1	v Seat Recommended?							
☐ Yes ☐ No ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ New Install ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No															
Additional Comments on How the Seat Ar	rived														
Seat Replaced? Type of Seat Supplied By Manufacturer															
☐ Yes ☐ No ☐ New Install															
Model Name	Model No.			Manufa			ctured Date								
Expiration Date Se	erial No.														
.															
Corrections/Recommendations Made: ***	Safaty Saat Ba	v SEVI	ED at time o	f dictribution	, /if appli	cable) Ve	с□ №								
Corrections/Recommendations Made: *** Safety Seat Box SEALED at time of distribution (if applicable) Yes No N/A															
Installed Seat Installed Using			Participant	Assisted in	Installati	on									
□ R/F □ F/F □ Safety belt □ L	ATCH 🗆 T	ether	Yes	□ No		• • • • • • • • • • • • • • • • • • • •									
Participant Installed Child Safety Sea	τ														
☐ Yes ☐ If No, explain.															
Participant Initials:															
Fatuopant initiais.															
Materials Given to Participants															
☐ Pool Noodle/Towel ☐ Locking	ng Clip 🔲	Writter	n Materials	□ Othe	r										
Technician/Scriber Signature		Tech ID No.					Date								
Senior Checker Signature		Tech	ID No.				Date	_							
		1					1								