

PARENTAL/CARE GIVER CONSENT: I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation and/or use of child restraints (CR's) and safety belts; that this inspection is being provided as a free service to me; that this program and/or service cannot fully evaluate the quality, safety, or condition of any CR or vehicle safety belt inspected; and that this program cannot guarantee my child's safety in a vehicle collision. However, I do understand that the CR installation and use assistance and recommendations given to me by the program participants will help to reduce, but will not eliminate, the chance of my child being killed or seriously injured in a vehicle collision. For these reasons, I choose to participate in this program and release the program and program participants from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Name: _____ Date: ____/____/____

Signature: _____ Phone: (____) _____

Address: _____

Child: Present? Yes No / Age: Unborn Years = _____ Months = _____ ? / Weight: ____ lbs. ?

Ethnicity: White/Caucasian Black/African American Latino/Hispanic Native American Other: _____

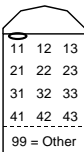
Vehicle: Year: ____ Make: _____ Model: _____ Style: _____

C* = Correct I** = Incorrect and must correct error if possible or provide appropriate advice ? = Unknown, provide advice na = Not applicable

- 1. RESTRAINT USED: Rear-facing only Harness/Vest Lap belt only [Skip to # 28]
 Convertible Shield booster Lap & shoulder belt only [Skip to # 28]
 Front-facing only with harness/shield Belt position booster Other = _____
2. CR Mfg: _____
3. Mod Name: _____
4. Mod #: _____
5. Mfg Date: ____/____/____
6. Recalled, OR >10 yrs. old, OR crash involved ...
7. Full instructions & labels & registered with mfg. ...
8. Type of restraint best for age/size of child ...

- CR HARNESS USE: (Note additional errors under #41) C* I**
9. Type harness/shield/belt best for age/size of child .
10. All parts present & good condition
11. Straps around frame/shell & thru slots correctly
12. Straps & harness/shield fit correctly
13. Retainer clip positioned correctly
14. Harness adjustment mechanism locked
15. Lap and shoulder belts for BPB fit correctly
16. Harness/shield/belts for BPB snug enough
17. All harnessing errors corrected
22. Seat belt routed correctly
23. Seat belt locked ("No" for BPB belt is "ok")
24. Lower LATCH attached correctly
25. Tether installed and used correctly
26. Installation tight enough (No more than 1")
27. All installation errors corrected
FOR CHILDREN IN SAFETY BELTS ONLY: (Skip to #34 if in CR)
28. Child seated in active front/side air bag position
29. Legs bend over edge of cushion at knees
30. Lap belt touching thighs and snug
31. Shoulder belt properly positioned and snug
32. Non-certified belt adjuster in use
33. Fit/positioning errors corrected
CR INSTALLATION: (Note additional errors under #41)
18. CR installed in active front/side air bag position
19. Overall, best seating position being used
20. Correct front/rear-facing position
21. Correct recline angle used
34. Inappropriate aftermarket products in use

CR/CHILD POSITION IN VEHICLE:



- 35. At arrival: # _____
36. Moved to: # _____
37. Installed in: # _____

PROGRAM / TECHNICIAN INFORMATION:

- 38. Site of Inspection _____
39. Proper use of the restraint system has been demonstrated and taught to the care giver.
40. Print Name: _____ Sign: _____

41. Other errors / Comments / Recommendations / Corrections Made: _____

(continue on back of this form)

CARE GIVER ACKNOWLEDGMENT: The correct use of my restraint system has been clearly explained, demonstrated and taught to me.

42. Signature: _____ Date: ____/____/____

