



# Branford Police Department

## CHILD SAFETY SEAT CHECKLIST



Case Number #:

Caregiver's Last Name, First Name

Operator's License #

Address

(Area Code) Telephone Number

Town/City

State

Zip code

Year/ Make / Model of Vehicle

Registration Plate

Relationship to Child

Child's Age

Days

Weight (lbs.)

Height (in.)

Month(s)

Year(s)

Child's First Name

Seat Previously Checked  Yes\*  No

Child Present  Yes  No  Unborn

Email:

I understand and agree that the service provided by the Branford Police Department, its police officers or CPS technicians assisting said department, is for the sole purpose of aiding in the reduction of injuries suffered by children resulting from the improper installation or use of child safety seats; that this service does not completely evaluate the quality, safety and condition of the child safety seat, its components or the vehicle which it is installed; that the responsibility of ensuring the correct installation of a child safety seat is the sole responsibility of the parent/caregiver; and that this is a service being provided free of charge to me. I understand that a properly used child restraint can reduce fatal injury. Therefore, I release the Branford Police Department and any officers or technicians associated with the Town of Branford, CT from any liability, present or future, in connection with the installation or use of this child safety seat.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Above portion to be completed by parent/caregiver



LOWER PORTION TO BE COMPLETED BY POLICE OFFICER OR CPS TECHNICIAN ONLY

Tech Last Name

Tech #

Scribe Last Name (if applicable)

Tech #

Location

Senior/ Instructor Last Name (if applicable)

Tech #

Tech Verified Height & Weight

Yes  No  No Child Present

### POLICE USE ONLY:

- New Seat
- Used Seat
- Unknown

Case Number & File #

Police Officer Signature

**ATTENTION TECHNICIANS: Observe child in seat first, then fill out all information below at time of install.**

DATE:  /  /

ON ARRIVAL  UNINSTALLED  NEW SEAT GIVEN

1. Child / CSS Vehicle Location

- Front Row
- Back Row
- 3<sup>RD</sup> Row

2. CSS INSTALLED USING (select all apply)

- Seatbelt  Tether
- Lower Anchors  Integrated Seat
- Other

3. RESTRAINT TYPE:

- RF only w/o base  RF only w/ base
- Base Only  RF Convertible
- FF w/ Harness  BP Booster
- Lap/ Shoulder  Lap Only
- 3 in 1  Vest

4. CSS MFG:

5. Model Number:

6. MFG DATE:

/  /

FINDINGS Yes No NA

FINDINGS	Yes	No	NA
7. CSS history known	<input type="radio"/>	<input type="radio"/>	
8. CSS involved in a crash	<input type="radio"/>	<input type="radio"/>	
9. CSS labels missing	<input type="radio"/>	<input type="radio"/>	
10. CSS expired	<input type="radio"/>	<input type="radio"/>	
11. CSS recalled	<input type="radio"/>	<input type="radio"/>	
12. CSS correct direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. CSS harness correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Recline angle correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Lower anchors correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Tether correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Seatbelt correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER SIGN-OFF:

- 34. I was provided CSS Education today  Yes  No
- 35. I participated in the CSS install today  Yes  No

Caregiver's Initials

18. PD PROVIDED NEW CSS:  Yes  No

19. CSS MFG:

20. Model Number:

21. MFG DATE:

/  /

**COMPLETE THIS SECTION ONLY IF A NEW SEAT WAS PROVIDED BY PD**

ON DEPARTURE

22. Child / CSS Vehicle Location

- D    Front Row  Other Location
- Back Row
- 3<sup>RD</sup> Row

Explain:

23. CSS INSTALLED USING (select all apply)

- Seatbelt  Tether
- Lower Anchors  Integrated Seat

24. RESTRAINT TYPE:

- RF only w/o base  RF only w/ base
- Base Only  RF Convertible
- FF w/ Harness  BP Booster
- Lap/ Shoulder  Lap Only
- 3 in 1  Vest

25. ANY CORRECTIONS MADE  Yes  No

26. CSS/VEHICLE Compatible  Yes  No

TECHNICIAN Discussed: (select all that apply)

- 27.  Airbags
- 28.  Projectiles
- 29.  Unused Seatbelts
- 30. Registration Card Mailed  Yes  No

31. MATERIALS USED: (select all that apply)

- Locking Clip  Belt Shortening Clip
- Noodle(s)  Shelf-Liner
- D-Ring  Other EXPLAIN:

COMMENTS / ISSUES (IF ANY MISUSE FOUND DETAIL IT BELOW)