Alexandria Sheriff's Office

Child Safety Seat Checkpoint Form

Driver Information and Agreement (to be completed by the participant)

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle Information: Make_____ Model_____ Year_____

( ) Parent/ Guardian
( ) Expectant Parent
( ) Grandparent
( ) Other

AGREEMENT: I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of child safety seats; 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 safety seat provided, or any component of my vehicle, including the seats or safety belts; and this program cannot guarantee my child's safety in a crash. For these reasons, I hereby release any program participants from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

_____

Participants Signature Date Phone Number

SEAT'S ARRIVAL CONDITION:	YES	NO	N/A
Child within manufacturer's recommended weight/height			
CSS at correct angle			
Harness straps in appropriate slots			
Harness straps snug (no slack)			
Harness straps attached and threaded correctly			
Harness retainer clip used and threaded correctly			
Harness retainer clip at armpit level			
Safety belt locked/locking clip/lock offs used			
Seat tightly installed in vehicle (one-inch test)			
Safety belt routed correctly			
Lower anchors attached correctly			
Lower anchor belts snug			
Only seat belt or lower anchors used			
Tether used correctly (if supplied)			
CSS in front of an active air bag			
CSS in back seat of vehicle			
Carrying handle in correct position			
Child meets requirements for safety belt only			
After Market Products present/discussed			

Fill Out as Car Seat Arrived:

Installed ( ) Uninstalled ( )

CHILD #1- Present Yes ( ) No ( )

_____ _____ _____

Weight Height Age

Restraint Information

Manufacturer Brand_____

Manufacturer Model Name:_____

Manufacturer No. _____

Mfg. and/or Exp Date: _____

( ) Infant only with base
( ) Infant only without base
( ) Base Only
( ) Convertible – RF( ) FF( )FF Only ( )
( ) Belt Positioning Booster
( ) Seat Belt

Seat Direction:
Rear Facing ( ) Forward Facing ( )

Tech Name/No._____ Senior Checker_____

Checkpoint Date/Location_____