

MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION/INSTALLATION CHECKLIST

Name of Department/Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I. BIOGRAPHICAL INFORMATION

Please check only one of the following:

- Parent       Grandparent       Guardian       Social Worker       Other (please specify) \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Note: Complete the following section ONLY IF you are willing to voluntarily identify your race/ethnicity. The information in this section will be used to collectively describe the race/ethnicity of individuals utilizing this service.

*Please check all that apply:*

- Native American Indian
- Asian/Pacific Islander
- Black/African-American
- Hispanic
- Middle Eastern/East Indian
- White/Caucasian
- Other (please specify) \_\_\_\_\_
- I decline to identify my race/ethnicity \_\_\_\_\_

*How did you hear about this service? Please check all that apply:*

- Referral from social service agency
- Referral from hospital or health clinic
- Previous participant of a no-cost car seat from this department/agency
- Referral from a friend or family member
- EOPSS/HSD or SafeKids Website
- Informational pamphlet
- Child's school or daycare
- EOPSS/HSD Telephone Hotline
- Other (please specify) \_\_\_\_\_
- I decline to identify this information \_\_\_\_\_

RELEASE

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation of child restraints, that the distribution of this seat is being provided at no-cost, that this program cannot fully evaluate the quality, safety or condition of my child restraint, any restraint provided, or any component of my vehicle including the seats and seatbelts, and that this program cannot fully guarantee my child's safety in a motor vehicle collision. However, I understand that a properly used child restraint can significantly reduce the chance of death or injury and it is important to read both the vehicle and child restraint manufacturer's instructions. For these reasons, I hereby release the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security's Highway Safety Division (EOPSS/HSD), the Massachusetts Department of State Police, all state and local emergency personnel including police departments, fire departments and ambulance services, their divisions and subsidiaries and any program participants, sponsors and traffic safety advocates from any present or future liability for injuries or damages that may result from a motor vehicle collision or otherwise. I understand the recommendations made by the child safety seat inspector. I acknowledge that I was the last person to install the child restraint in my vehicle and I was the last person to place my child in the restraint system.

Signature of Parent/Guardian/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

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**II. CHILD SAFETY SEAT INSPECTION**

Is the participant an expectant parent?  Yes  No Child present?  Yes  No

Child's First Name: \_\_\_\_\_ Child's Gender:  M  F

Child's Age: \_\_\_\_\_ Child's Approx. Height and Weight: \_\_\_\_\_ inches \_\_\_\_\_ lbs

*Technician's Full Name:* \_\_\_\_\_  
*Certification Number:* \_\_\_\_\_  
*Certification Expiration Date:* \_\_\_\_\_  
*(Optional) Sr. Checker Name/Number:* \_\_\_\_\_

Brand of Seat : \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Seat Expiration Date: \_\_\_\_\_ Vehicle Yr/Make/Model: \_\_\_\_\_  
 Seat Info/Labels Missing      Seat Recalled Yes No

Shade the X where you found CSS. Shade the M if/where moved the seat.

Driver	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M
<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M
<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M	<input type="checkbox"/> X <input type="checkbox"/> M

**Child Arrives REAR-FACING**  
 Infant with Base  Infant without Base  Rear-Facing Convertible  
 Seat installed properly  Recommended different seat  Child within recommended age/height/weight requirements

**Child Arrives FORWARD-FACING (with Harness)**  
 Five-Point Harness  Combination Seat  Convertible Seat  T-Shield/Tray Shield  
 Integrated  Other (please specify) \_\_\_\_\_  
 Seat installed properly  Recommended different seat  Child within recommended age/height/weight requirements

**Child Arrives BOOSTER Seat**  
 Backless  High Back (Belt Positioning)  
 Seat installed properly  Recommended different seat  Child within recommended age/height/weight requirements

**Child Arrives VEHICLE SAFETY BELT**  
 **Child Arrives NO RESTRAINT**  
 Child Seat Misuse ID: \_\_\_\_\_

**IMPORTANT REMINDERS TO TECHNICIANS:** Seats MUST only be installed by nationally certified technicians. Complete this form to the best of your ability. Please take the time to educate the participant about the importance of using a properly installed child passenger safety seat each time they travel in a vehicle and provide the participant with an informational EOPSS/HSD pamphlet, if available. Technicians should retain the car seat box and all related packaging material; *provide the participant with only the seat's serial number and the attached warranty card.* Retaining the original box and packaging materials will prevent unauthorized resale of the seat. If performing grant-funded activity, you may be asked to submit the information collected on this form (with the exception of personal identifiers such as the participant's name, address and telephone number, the child's information and the vehicle make and model) to EOPSS/HSD at the conclusion of the grant period. Grant participants must retain this original form for a period of six (6) full calendar years and then the paperwork may be destroyed following your agency's/departments's established protocol. Inquiries and requests for additional handcards may be directed to EOPSS/HSD by phone at 617.725.3353, via email at [John.Fabiano@state.ma.us](mailto:John.Fabiano@state.ma.us) or by mail to the attention of John Fabiano at 10 Park Plaza, Suite 3720, Boston, MA 02116.

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III. CHILD SAFETY SEAT ISSUANCE

Type of Child Safety Seat Distributed.  
Please check only one of the following:

- Rear-Facing Car Seat
- Forward-Facing Car Seat
- Convertible Seat
- Booster Seat
- Special Needs Seat
- Not Applicable

Was any special equipment (i.e. pool noodle, locking clips) required to install the seat into the vehicle?  Yes  No

If yes, please specify. \_\_\_\_\_

Was the seat installed using the seat belt system OR the LATCH system?  Seat Belt System  LATCH System

IV. CHILD SAFETY SEAT DESTRUCTION

Type of Seat Destroyed. Please check only one of the following:

- Rear-Facing Car Seat
- Forward-Facing Car Seat
- Convertible Seat
- Booster Seat
- Special Needs Seat
- Not Applicable

Brand of Seat Destroyed: \_\_\_\_\_

Seat Expiration Date: \_\_\_\_\_ Make and Model of Participant's Vehicle: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brand of Seat Distributed: _____
Seat Serial Number: _____
Seat Expiration Date: _____
Make and Model of Participant's Vehicle: _____

Reason for Destruction. Please check all that apply.
<input type="checkbox"/> Expired Seat
<input type="checkbox"/> Seat no longer functional
<input type="checkbox"/> Recall
<input type="checkbox"/> Seat involved in a motor vehicle collision
<input type="checkbox"/> Other (please specify) _____

Seat Serial Number: \_\_\_\_\_

RELEASE

I authorize the removal and destruction of the child safety seat identified in Section IV from my vehicle and/or possession by a certificated technician due to safety concerns outlined in the 'Reason for Destruction' box above.

Signature of Parent/Guardian/Caregiver \_\_\_\_\_ Date \_\_\_\_\_