



CPS CHECK FORM

Date: _____

Guardian Name: _____

Address: _____

Vehicle Year: _____ Make: _____ Model: _____

Child's Name: _____ Age: _____ Weight: _____ Height: _____

Child unborn Child Not Present Child Present

I understand and agree that:

- The purpose of this program is to help reduce improper use of car seats, booster seats, and seat belts and that this inspection is provided as a free service to me.
- This program cannot fully evaluate the quality, safety, or condition of my child restraint or any component of my vehicle, including the seats, seat belt, or LATCH.
- This program cannot guarantee my child's safety in a crash and it is important to read both the vehicle and child restraint instruction manuals.

For the above reasons, I release all program sponsors, City of Tamarac, City of Tamarac Staff, CPS Technicians from any present or future liability for any injuries or dangers that may result from a vehicle collision or otherwise.

Guardian Signature: _____ Date: _____

SEAT INFORMATION

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacturer: _____

SUMMARY (CHECK ALL THAT APPLY) Second Row

Upon departure, how was car seat, booster seat, or child restrained?

- Seat belt Lower anchors Tether Rear-facing Forward-facing N/A Shortening Clip
- Booster Carrier Base Only

- All corrections made
- Not all corrections made (explain in comments)
- No misuse observed
- New car seat or booster seat recommended – Reason: _____
- Caregiver installed or assisted
- Educational materials given

Removed non-regulated products? (explain in comments) YES NO N/A

Comments: _____

Technician Name: _____ Date: _____ Tech #: _____