



Hazlet Township Police Department
CHILD PASSENGER SAFETY INSPECTION & EDUCATION STATION
Funded in part by the New Jersey Office of Highway Traffic Safety



CHILD SAFETY SEAT INSPECTION REPORT

PLEASE PRINT CLEARLY - PLEASE PRINT CLEARLY - PLEASE PRINT CLEARLY

LAST NAME:	FIRST:	MI:
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STREET ADDRESS:

APT NO. / PO BOX NO.:

CITY:	STATE:	ZIP CODE:	COUNTY:
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PHONE:

Race: American Indian Asian Black/African American White Hispanic Yes No

How did you hear about this event? Flyer Friend/Relative Drove by Hospital/Doctor Other

Child present? Yes No Expectant parent? Yes No

VEHICLE MAKE:	MODEL:	YEAR:	STATE:	LICENSE PLATE:	MILEAGE:
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CHILD'S NAME (if expectant, please leave blank):	AGE:	WEIGHT:	HEIGHT:
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I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car 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 child safety seat, the child safety-seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. However, I understand that a properly used child safety seat can reduce fatal injury for both infants and toddlers and that it is important to read both the vehicle and child safety seat instruction manual.

For these reasons I hereby agree to save, protect, indemnify, hold harmless and release the New Jersey Division of Highway Traffic Safety; Hazlet Township Police Department, and the National SAFE KIDS Campaign; their agents and representatives; and any program participants; from any present or future liability for any personal injuries or property damage that may result from the installation, inspection or use of a child safety seat.

Signature

Date

TO BE COMPLETED BY CHILD PASSENGER SAFETY TECHNICIAN

CSS MANUFACTURER:	NAME/MODEL NO.:	DATE OF MANUFACTURE:
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NEW SEAT PROVIDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	CSS MANUFACTURER:	NAME/MODEL NO.:	DATE OF MANUFACTURE:
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ABOUT THE SEAT	YES	NO
Has this CSS been checked before?	<input type="checkbox"/>	<input type="checkbox"/>
Original Owner/history known?	<input type="checkbox"/>	<input type="checkbox"/>
Registration card sent in?	<input type="checkbox"/>	<input type="checkbox"/>
CSS involved in crash?	<input type="checkbox"/>	<input type="checkbox"/>
Is seat (& all parts) free from damage?	<input type="checkbox"/>	<input type="checkbox"/>
CSS on recall list?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has defect been repaired?	<input type="checkbox"/>	<input type="checkbox"/>
Participant advised of recall	<input type="checkbox"/>	<input type="checkbox"/>

POSITION IN THE VEHICLE									
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<p>Mark an "X" where the seat arrived Mark an "M" where the seat was moved to Mark an "I" where it was installed.</p> <p align="center">Arrival Installation:</p> <p><input type="checkbox"/> Seatbelt <input type="checkbox"/> LATCH™</p>									