II. CHILD SAFETY SEAT INSPECTION

MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION/INSTALLATION CHECKLIST

Child’s Age: __________ Child’s Height and Weight: __________ inches lbs
Child’s Name: ____________________________
Child’s First Name: ____________________
Child’s Gender: M/F
Child’s Seat: YES NO
Child’s Parent: YES NO

Seat Info/Location: YES NO
Seat Model: ____________________________
Serial Number: _______________________

Vehicle Make: __________________________
Vehicle Model: _________________________

Confirmation Number: __________________
Confirmation Date: ____________________
Confirmation Explanation: __________________

Vehicle Airbag: YES NO

I, ___________________________ hereby declare that the above information is true and correct.

Signature: ____________________________

Date: ____________________________

Driver Seat:

Child Seat:

Child Seat Coordinates:

Child’s Name: ____________________________
Child’s First Name: ____________________
Child’s Gender: M/F
Child’s Seat: YES NO
Child’s Parent: YES NO

Seat Info/Location: YES NO
Seat Model: ____________________________
Serial Number: _______________________

Vehicle Make: __________________________
Vehicle Model: _________________________

Confirmation Number: __________________
Confirmation Date: ____________________
Confirmation Explanation: __________________

Vehicle Airbag: YES NO

I, ___________________________ hereby declare that the above information is true and correct.

Signature: ____________________________

Date: ____________________________

Driver Seat:

Child Seat:

Child Seat Coordinates:

Child’s Name: ____________________________
Child’s First Name: ____________________
Child’s Gender: M/F
Child’s Seat: YES NO
Child’s Parent: YES NO

Seat Info/Location: YES NO
Seat Model: ____________________________
Serial Number: _______________________

Vehicle Make: __________________________
Vehicle Model: _________________________

Confirmation Number: __________________
Confirmation Date: ____________________
Confirmation Explanation: __________________

Vehicle Airbag: YES NO

I, ___________________________ hereby declare that the above information is true and correct.

Signature: ____________________________

Date: ____________________________

Driver Seat:

Child Seat:

Child Seat Coordinates:

Child’s Name: ____________________________
Child’s First Name: ____________________
Child’s Gender: M/F
Child’s Seat: YES NO
Child’s Parent: YES NO

Seat Info/Location: YES NO
Seat Model: ____________________________
Serial Number: _______________________

Vehicle Make: __________________________
Vehicle Model: _________________________

Confirmation Number: __________________
Confirmation Date: ____________________
Confirmation Explanation: __________________

Vehicle Airbag: YES NO

I, ___________________________ hereby declare that the above information is true and correct.

Signature: ____________________________

Date: ____________________________

Driver Seat:

Child Seat:

Child Seat Coordinates:

Child’s Name: ____________________________
Child’s First Name: ____________________
Child’s Gender: M/F
Child’s Seat: YES NO
Child’s Parent: YES NO

Seat Info/Location: YES NO
Seat Model: ____________________________
Serial Number: _______________________

Vehicle Make: __________________________
Vehicle Model: _________________________

Confirmation Number: __________________
Confirmation Date: ____________________
Confirmation Explanation: __________________

Vehicle Airbag: YES NO

I, ___________________________ hereby declare that the above information is true and correct.

Signature: ____________________________

Date: ____________________________

Driver Seat:

Child Seat:

Child Seat Coordinates:
due to safety concerns outlined in the “Reason for Destruction” box above.

RELEASE

Date

Phone Number: Zip Code:

City/Town:

Home Address:

First Name: Last Name:

Participant’s Date of Participation:

Make and Model of Participant’s Vehicle:

Seat Serial Number:

Other (please specify)

Seat involved in a motor vehicle collision
Recall
Seat no longer functional
Expired Seat
Reason for Destruction. Please check all that apply:

I. CHILD SAFETY SEAT DESTRUCTION

Was the seat installed using the seat belt system or the LATCH system?

If yes, please specify:

Was any special equipment (i.e. pool noodle, locking clips) required to install the seat into the vehicle?

NO

YES

Make and Model of Participant’s Vehicle:

Seat Expiration Date:

Seat Serial Number:

Brand of Seat Destroyed:

Other (please specify)

Special Needs Seat
Booster Seat
Convertible Seat
Convertible-Preemie Seat
Large Rear-Facing Car Seat

Please check only one of the following:

II. MASSACHUSETTS CHILD PASSENGER SAFETY INSPECTION INSTALLATION CHECKLIST

III. CHILD SAFETY SEAT ISSUANCE