

Tewksbury Police Department

Child Passenger Safety Inspection

Driver Information (to be completed by participant)

Driver's Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Cell Phone:** _____

How / Where did you hear about us? _____

Child Information (Required)

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

Expectant Parent: _____

Vehicle Information

Vehicle Year: _____ **Make:** _____ **Model:** _____

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation of child safety seats; that this evaluation is being provided as a free service to me; that this program cannot fully evaluate the quality, safety or condition of my child safety seat, any safety seat provided, or any component of my vehicle including the seats and safety belts; and that this program cannot fully guarantee my child's safety in a vehicle collision. However, I understand that a properly used child safety can significantly reduce the chance of death or injury and it is important to read both the vehicle and child safety seat instructions, For these reasons I hereby release the Tewksbury Police Department, Commonwealth of Massachusetts, Governor's Highway Safety Bureau, the Department of State Police, all local emergency personnel including police departments, fire departments and ambulance services and each of their divisions and subsidiaries and other operating entities, and any program participants, sponsors and traffic safety advocates from any present or future liability for injuries or damage that may result from a vehicle collision or otherwise. I understand and accept the recommendations made by the child safety seat technician. I was the last person to install the child safety seat in my vehicle and I was the last person to place my child in the restraint system.

Participants Signature: _____ **Date:** _____

Technician Use Only

Type of Child Safety Seat

Infant: _____ Convertible: _____ Forward Facing Only: _____

Booster: _____ Other: _____

Make of Seat: _____

Model Number: _____

Date of Manufacture: _____

Meets FMVSS 213	Yes _____	No _____	Unknown _____
Seat Involved in a Crash	Yes _____	No _____	Unknown _____
Recalled	Yes _____	No _____	Unknown _____
Original Owner of Seat	Yes _____	No _____	Unknown _____
Seat Installed with Child Present	Yes _____	No _____	

Driver		

X = Where you found the seat
M = Where you moved the seat
Circle X if seat was not moved

Installation Notes: _____

Installation Checkoff:

Correct Belt Path _____ Latch Used Properly _____

Seat: Tightness _____ Direction _____ Proper Angle / Recline _____

Harness: Tightness _____ Correct Routing _____ Retainer Clip _____

Technician Name & Number _____

Technician Name & Number _____