

Birmingham Fire Department Child Safety Seat Checklist

Parent's Name _____ Phone # _____

Address _____ City /State - **Birmingham, MI** Zip - **48009**

Expectant Mother Y / N

Child's Name _____ Age (yr) ____ (mos) ____ Weight _____ Height _____ Child Present Y / N

Child's Name _____ Age (Yr) ____ (mos) ____ Weight _____ Height _____ Child Present Y / N - If Necessary

Child's Name _____ Age (Yr) ____ (mos) ____ Weight _____ Height _____ Child Present Y / N - If Necessary

Vehicle Make _____ Model _____ Year _____ Front Air Bag Y / N Side Air Bag Y / N

Vehicle Make _____ Model _____ Year _____ Front Air Bag Y / N Side Air Bag Y / N -If Necessary

I understand and agree that the purpose of this program is to help reduce the incidence of the improper installation of child safety seats and that this inspection is being provided as a free service to me. This program cannot and does not fully evaluate the quality, safety, or condition of my child safety seat or any component of my vehicle, including the seats or safety belts; 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 injuries and that is important for me to read both the vehicle and the car seat owner's manual.

For these reasons, I hereby release, waive and forever discharge the City of Birmingham and the Birmingham Fire Department, along with the elected and appointed officials, employees, volunteers, program participants and others working on behalf of the City of Birmingham and/or the Birmingham Fire Department for any present or future liability for any injury sustained, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this program inspection, and including, but not limited to, a vehicle collision or otherwise.

Participant's Signature _____ Date _____

Inspector's Signature _____ Date _____

Seat Check Location __Birmingham Fire Department__ Inspected by _____ Cert. Number _____

CSS Manufacturer: BRITAX CENTURY CHICO COSCO EVENFLO FISHER PRICE GRACO OTHER _____

CSS MODEL NAME _____ NUMBER _____ MANUFACTURE DATE _____

CSS MODEL NAME _____ NUMBER _____ MANUFACTURE DATE _____

CSS MODEL NAME _____ NUMBER _____ MANUFACTURE DATE _____

FMVSS 213 CERTIFICATION STICKER Y / N Y / N Y / N

SEAT RECALLED Y / N Y / N Y / N

IF YES, WAS RECALL REPAIRED Y / N Y / N Y / N **D** = Driver

ORIGINAL SEAT OWNER Y / N Y / N Y / N Mark **X** where seat is found

WAS SEAT INVOLVED IN CRASH Y / N Y / N Y / N Mark **M** if seat is moved

WERE ALL CORRECTIONS MADE Y / N Y / N Y / N Circle **X** if seat is not moved

NEW INSTALLATION Y / N Y / N Y / N

RECOMMEND A NEW SEAT Y / N Y / N Y / N

SEAT INSTALLED CORRECTLY Y / N Y / N Y / N

NOTES: _____

D		
Vehicle 1		

D		
Vehicle 2		