

Child Restraint Checking Clinic Recording Form

Technician Name _____ Recorder Initials _____ Date _____

Location _____ Clinic / Police Checkpoint (circle one)

	Restraint type (tick/ circle)	Fault (tick/ circle)	Action/ Advice (tick/ circle)
Expiry date	<input type="checkbox"/> Baby capsule <input type="checkbox"/> Child seat – rear facing <input type="checkbox"/> Child seat – forward facing <input type="checkbox"/> Seat belt or Lap belt <input type="checkbox"/> Booster <input type="checkbox"/> Harness <input type="checkbox"/> NONE	<input type="checkbox"/> NO FAULTS <input type="checkbox"/> Seat out of date <input type="checkbox"/> Seat type unsuitable <input type="checkbox"/> Incorrect position in car <input type="checkbox"/> Seatbelt loose or twisted <input type="checkbox"/> Harness loose or twisted <input type="checkbox"/> Incorrect routing of seatbelt <input type="checkbox"/> Incorrect routing of harness <input type="checkbox"/> Anchor bolt required <input type="checkbox"/> Tether strap not attached <input type="checkbox"/> Locking Clip required <input type="checkbox"/> Seatbelt not long enough <u>Other:</u>	<input type="checkbox"/> No action/advice needed <input type="checkbox"/> Advice given by technician <input type="checkbox"/> Issues corrected on site <input type="checkbox"/> Anchor Bolt installed <input type="checkbox"/> Police warning <input type="checkbox"/> Infringement notice <input type="checkbox"/> Antenatal advice/installation <u>Other:</u>
Make/ Brand			
Age of child			
Expiry date	<input type="checkbox"/> Baby capsule <input type="checkbox"/> Child seat – rear facing <input type="checkbox"/> Child seat – forward facing <input type="checkbox"/> Seat belt or Lap belt <input type="checkbox"/> Booster <input type="checkbox"/> Harness <input type="checkbox"/> NONE	<input type="checkbox"/> NO FAULTS <input type="checkbox"/> Seat out of date <input type="checkbox"/> Seat type unsuitable <input type="checkbox"/> Incorrect position in car <input type="checkbox"/> Seatbelt loose or twisted <input type="checkbox"/> Harness loose or twisted <input type="checkbox"/> Incorrect routing of seatbelt <input type="checkbox"/> Incorrect routing of harness <input type="checkbox"/> Anchor bolt required <input type="checkbox"/> Tether strap not attached <input type="checkbox"/> Locking Clip required <input type="checkbox"/> Seatbelt not long enough <u>Other:</u>	<input type="checkbox"/> No action/advice needed <input type="checkbox"/> Advice given by technician <input type="checkbox"/> Issues corrected on site <input type="checkbox"/> Anchor Bolt installed <input type="checkbox"/> Police warning <input type="checkbox"/> Infringement notice <input type="checkbox"/> Antenatal advice/installation <u>Other:</u>
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Make/ Brand			
Age of child			

Use one form for every vehicle and one box per child/seat

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