

NEW JERSEY CHILD PASSENGER SAFETY COALITION

Car Seat Safety Check Up Event Summary

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Senior Checker/#: \_\_\_\_\_

Technicians/##

Name (please print)	Cert #

Total # of seats checked \_\_\_\_\_

Total # of vehicles \_\_\_\_\_

Total children present \_\_\_\_\_

# of incorrect seats \_\_\_\_\_

# of seated replaced \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature \_\_\_\_\_

Please fax to 856-794-2549  
(include front page of checklist with replaced seat info)