



# Child Car Seat Safety Assessment

This form is to be used each time a child car seat consultation takes place (one form completed per seat scenario required). As a retailer of a child safety product, the following questions should be asked to ensure the correct product is being offered to the customer, ensuring that it fits the child's requirements and any vehicle it will be fitted into.

## A Customer consultation details

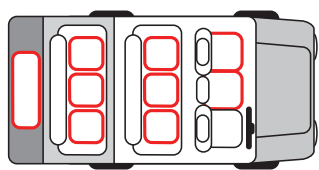
Store name		Staff name		Date	
Customer name		Budget	£	Current seat (if applicable)	

Please note: All of the following criteria should be included within a consultation.

B	Key information (must ask)	Response		Notes
1	What is the child's weight?	kgs	lbs	
2	What is the child's height?	cms	ft/in	
3	What is the child's age?	yr	mths	Was child present? YES / NO
4	What vehicle will the seat be used in?	Make		Model Registration
5	Will it be used in any other vehicles?	Make		Model Registration
6	Does the vehicle/s have ISOFIX?	YES	NO	DON'T KNOW
7	Does the vehicle/s have top tether?	YES	NO	DON'T KNOW
8	Does the vehicle/s have under floor storage?	YES	NO	DON'T KNOW

C	Specific scenarios	Response		Notes
9	ISOFIX seat recommended?	YES <small>Go to Q9</small>	NO <small>Go to Q10</small>	
10	Did you consult the vehicle compatibility list?	YES	NO	
11	Will the seat be fitted in the front?	YES <small>Go to Q11</small>	NO <small>Go to Q12</small>	
12	Did you advise of the airbag risk?	YES	NO	
13	Is the child under 4 years old?	YES <small>Go to Q13</small>	NO <small>Go to Q14</small>	
14	Did you discuss the safety benefits of rear facing?	YES	NO	
15	Did you demonstrate how to fit the car seat?	YES	NO	

## D Discussion point check list and consultation outcome

<input type="checkbox"/> Vehicle compatibility <input type="checkbox"/> Support legs <input type="checkbox"/> Top tethering <input type="checkbox"/> Seatbelt twists <input type="checkbox"/> Forward anchorage <input type="checkbox"/> Buckle crunch	<input type="checkbox"/> Seatbelt tension <input type="checkbox"/> Carry handle position <input type="checkbox"/> Seat shape <input type="checkbox"/> Seat movement <input type="checkbox"/> Stage limits <input type="checkbox"/> Continued harness use	<input type="checkbox"/> Child seat direction <input type="checkbox"/> Vehicle position & airbags <input type="checkbox"/> High backed boosters <input type="checkbox"/> Bulky clothing <input type="checkbox"/> Demo of fit and how to use <input type="checkbox"/> Customer fitted	Position seat was fitted into vehicle today.  <input type="checkbox"/> Forward facing <input type="checkbox"/> Rear facing <input type="checkbox"/> NA
16 Suggested seat brand and model			
Additional advice given:			

I confirm that I am happy with the advice given and I will retain this completed safety assessment form for future reference.

Signed