

Evaluation Form for Used Safety Seats (for Donor)



To the Donor of a Safety Seat:

Please help protect children by answering the following questions. Please print this form, write your answers, and attach it to the safety seat you are donating.

Manufacturer _____

Model Name and Number _____

Manufacture Date _____ Expired? Yes No Don't Know

Was the seat purchased new by you? OR a new gift? OR bought or received used?

Has there been a recall on the seat? Yes No Don't Know

If yes, did you repair the seat as instructed by the manufacturer? Yes No

Please describe _____

Was the seat involved in a crash? Yes No If yes, was a child in the seat? Yes No

Explain briefly _____

Is the original instruction booklet with the seat ? Yes No

Your Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ E-mail _____

SafetyBeltSafe U.S.A. P.O. Box 553, Altadena, CA 91003 www.carseat.org
310/318-5111 800/745-SAFE (English) 800/747-SANO (Spanish)

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