

# Child Passenger Safety (Car Seat) Training

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Please **PRINT** clearly

SSN (last 4 digits only): \_\_\_\_\_

Check One: Driver  Attendant

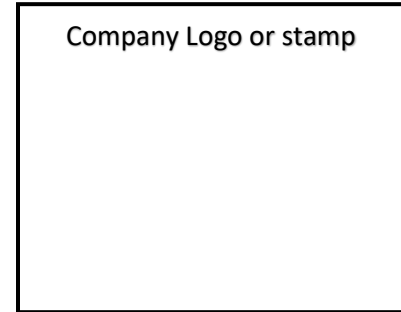
This employee has attended a \_\_\_\_-hour (minimum 2 hour) refresher training course covering Child Passenger Safety. The following topics were reviewed:

- |  |   |
|--|---|
| <input type="checkbox"/> Expiration Date Examination | <input type="checkbox"/> Condition of Car Seat              |
| <input type="checkbox"/> Passenger Securement        | <input type="checkbox"/> Harness Release Mechanism          |
| <input type="checkbox"/> Belt Condition              | <input type="checkbox"/> Car Seat Installation to Bus Bench |
|  | <input type="checkbox"/> Other _____                        |

**Training was completed using classroom and hands-on components**

This course was completed on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_, from (time) \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature



Training Completed at (check one):

Training Site (name): \_\_\_\_\_

In-house Training (vendor name): \_\_\_\_\_

\_\_\_\_\_  
Instructor Name

\_\_\_\_\_  
SBDI or MI number

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
CPST number

**Please Note: The installation of Child Safety Restraint Systems (CSRS) [Car Seats] must be taught through training provided by a NHTSA-trained and certified Child Passenger Safety Technician (CPST)**

# Accessibility Report

Filename: car-seat-retraining-certificate-template\_ADA.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

## Summary

The checker found no problems in this document.

- Needs manual check: 2
- Passed manually: 0
- Failed manually: 0
- Skipped: 1
- Passed: 29
- Failed: 0