

[INSERT COMPANY NAME]

**DATA COLLECTION FORM FOR CIGARETTE LIGHTER CHILD TEST PANEL**

Conducted for: \_\_\_\_\_

Company Name

Lighter: \_\_\_\_\_

Model Name / Number

**ALL ENTRIES BELOW THIS LINE MUST BE MADE IN BLACK OR BLUE INK BY THE TESTER WHOSE NAME AND SIGNATURE APPEAR BELOW**

Test Site: \_\_\_\_\_

Name

Street Address

City, State

Test Date: \_\_\_\_\_ Tester Name: \_\_\_\_\_ Tester Signature: \_\_\_\_\_

(mo/day/yr)

Please Print

**Pair A**

**Pair B**

**Pair C**

LEFT

RIGHT

LEFT

RIGHT

LEFT

RIGHT

<b>Child's Full Name</b>	<b>First:</b> <b>Last:</b>								
<b>Proper informed consent obtained?</b>		YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
<b>Birth Date: (mo/day/yr)</b>									
<b>Age (months):</b>									
<b>Sex (M / F):</b>									
<b>Surrogate Lighter #:</b>									
<b>Surrogate lighter works?</b>	<b>Before:</b>	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
	<b>After:</b>	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___	YES ___ NO ___
<b>Test Start Time:</b>		: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___	: A.M. ___ P.M. ___
<b>Operation: (001-600 sec. or None)</b>									
<b>Tester Comments and Observed Method(s) of Operation / Attempted Operation (see codes):</b>									

Method of operation: 1 - Used one hand, thumb 2 - Used one hand, index finger 3 - Used two hands, thumb 4 - Used two hands, index finger 5 - Other (specify in tester comments field)