

[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: _____ (mo/day/yr) Tester Name: _____ Please Print Tester Signature: _____

Pair A

Pair B

Pair C

LEFT

RIGHT

LEFT

RIGHT

LEFT

RIGHT

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

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

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

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)