

[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

Child's Full Name	First: 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 ___	Before: YES ___ NO ___	
	After: YES ___ NO ___	After: 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):			

YES ___ NO ___	YES ___ NO ___		
YES ___ NO ___	YES ___ NO ___		
YES ___ NO ___	YES ___ NO ___		
: A.M. ___ P.M. ___			

YES ___ NO ___	YES ___ NO ___		
YES ___ NO ___	YES ___ NO ___		
YES ___ NO ___	YES ___ NO ___		
: A.M. ___ P.M. ___			

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)