OMB control number 3041-0116

[INSERT COMPANY NAME]

DATA COLLECTION FORM FOR CIGARETTE LIGHTER CHILD TEST PANEL

Conducted for: _____ **Lighter**: _____

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

Data collection in accordance with 16 C.F.R. Part 1210.4(g)

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)