Mounting Safety Checklist
Service Provider Name:

Client Name: **Date:**

Mount #1:
The purpose of this mounting system is: _____
The location of this mounting system is: _____

Client/Parent/Guardian Section
☐   I have been shown safe placement and removal of this mounting system.
☐   I understand that I am responsible for the maintenance of this mounting system.
☐   I understand that I can call the vendor of this mounting system for technical assistance.
☐   I understand the safety precautions for this mounting system.
☐   I understand the mounting system should be removed from the mounting base during transport.

Mount #2:
The purpose of this mounting system is: _____
The location of this mounting system is: _____

Client/Parent/Guardian Section
☐   I have been shown safe placement and removal of this mounting system.
☐   I understand that I am responsible for the maintenance of this mounting system.
☐   I understand that I can call the vendor of this mounting system for technical assistance.
☐   I understand the safety precautions for this mounting system.
☐   I understand the mounting system should be removed from the mounting base during transport.

Mount #3:
The purpose of this mounting system is: _____
The location of this mounting system is: _____

Client/Parent/Guardian Section
☐   I have been shown safe placement and removal of this mounting system.
☐   I understand that I am responsible for the maintenance of this mounting system.
☐   I understand that I can call the vendor of this mounting system for technical assistance.
☐   I understand the safety precautions for this mounting system.
☐   I understand the mounting system should be removed from the mounting base during transport.

Notes:

_____   _____
Consumer, Parent, or Guardian Signature   **Date**