

ROSS PROCUREMENT, INC.

CHILDREN'S PRODUCT

This packet includes required Ross forms for Children's Product.

All fields highlighted in yellow are required.

The following must be completed and submitted:

- ✓ 1A. Children's Product Cover Form
- ✓ 2A. Children's Product Certificate
- ✓ 3A. Testing Sample Size **OR** 3B. Periodic Testing Program Form
- ✓ Applicable test reports

ROSS PROCUREMENT, INC.

1A. CHILDREN'S PRODUCT COVER FORM

(This form is required for each product style)

ALL FIELDS HIGHLIGHTED YELLOW ARE REQUIRED

SECTION I			
Vendor Name ("Vendor"):			
Factory Name ("Factory"):			
Product Name ("Product"):			
Vendor Style #:		Ross Purchase Order #:	
Lot/Batch # provided to Testing Lab:		Lot/Batch # provided to Ross:	

SECTION II	
1. Is the Product a Children's product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What test method was used for the Product? <i>(Select One)</i>	<input type="checkbox"/> Test of Actual Product/Components <i>Complete Form 3A. Testing Sample Size</i> <input type="checkbox"/> Test Based on Periodic Testing Program <i>Complete Form 3B. Periodic Testing Program</i>
3. Is the Product continuously produced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is component part testing used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: RELIANCE CERTIFICATION FOR ALL PRODUCTS			
Vendor certifies that while Product was in its custody, Vendor exercised due care to comply with CPSIA.			
SIGNED:		DATE:	
NAME:		TITLE:	

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2A. CHILDREN’S PRODUCT CERTIFICATE (CPC)

(This form is required for each Children’s product)

ALL FIELDS HIGHLIGHTED YELLOW ARE REQUIRED

PRODUCT IDENTIFICATION INFORMATION			
Description of Product:			
Vendor Style #:		Ross Purchase Order #:	
Date (Month/Year) of Manufacture of the Product:		Actual factory location (City/County/Country):	
Lot/Batch # provided to Testing Lab:		Lot/Batch # provided to Ross:	

TESTING INFORMATION			
Date (Month/Year) of Compliance Test:		Test Report Number:	
Compliance Test Location (City/County/Country):			
Name of 3 rd Party Testing Lab:			
Full Address:			
Telephone Number:			

IMPORTER INFORMATION	
Name of Importer:	Ross Procurement, Inc.
Full Address:	5130 Hacienda Drive , Dublin, California, USA 94568
Telephone Number:	925-965-4231

RECORDKEEPING INFORMATION			
Custodian of Test Report:	Ross Procurement, Inc./Ross Stores, Inc. DeAnn Kiker, Group Vice President, Logistics		
	Full Address:	1000 Retail Drive, Fort Mill, South Carolina, USA 29715	
	Telephone Number:	803-396-2390	Email Address: DeAnn.Kiker@ros.com
Corporate Office:	Tracey Meyer, Vice President, Compliance and Regulatory Counsel Karen Roth, Senior Paralegal, Product Compliance		
	Full Address:	5130 Hacienda Drive, Dublin, California, USA 94568	
	Telephone Number:	212-944-3526 917-229-6036	Email Address: Tracey.Meyer@ros.com Karen.Roth@ros.com

APPLICABLE RULES, BANS, REGULATIONS, AND STANDARDS
<p>Ross Procurement, Inc. certifies that the above product complies with applicable rules, bans, regulations, and standards under applicable Acts enforced by the U. S. Consumer Product Safety Commission indicated below. The certification as the importer is based on information provided by the supplier and a test of the individual product or a reasonable testing program of testing by a laboratory(ies) obtained or conducted by the supplier.</p> <p><u>THE RULES, BANS, REGULATIONS, AND STANDARDS APPLICABLE TO THIS PRODUCT ARE INDICATED ON THE NEXT PAGE.</u></p>

APPLICABLE RULES, BANS, REGULATIONS, AND STANDARDS

Check off all applicable	Rule, Ban, Standard or Regulation	Law/Act	Regulation Citation
	Products using Button Cell or Coin Batteries	CPSIA	16 CFR 1263
	Individual Button Cell or Coin Batteries	PPPA	16 CFR 1700
	Total Lead Content (Substrate)	CPSIA	Sec. 101 (15 U.S.C. § 1278a)
	Children’s Metal Jewelry	CPSIA	Sec. 101 (15 U.S.C. § 1278a)
	Lead in Paint/Surface Coating	CPSIA	16 CFR 1303
	Phthalates	CPSIA	Sec. 108 (15 U.S.C. § 2057c)
	Toy Standard	CPSIA	ASTM F963
	Bicycle Helmets	CPSA	16 CFR 1203
	Infant Bath Seats	CPSIA	16 CFR 1215
	Infant Walkers	CPSIA	16 CFR 1216
	Toddler Beds	CPSIA	16 CFR 1217
	Bassinets and Cradles	CPSIA	16 CFR 1218
	Cribs (Full-Size)	CPSIA	16 CFR 1219
	Cribs (Non-Full Size)	CPSIA	16 CFR 1220
	Play Yards	CPSIA	16 CFR 1221
	Bedside Sleepers	CPSIA	16 CFR 1222
	Infant Swings	CPSIA	16 CFR 1223
	Portable Bed Rails	CPSIA	16 CFR 1224
	Hand-held Infant Carriers	CPSIA	16 CFR 1225
	Soft Infant and Toddler Carriers	CPSIA	16 CFR 1226
	Carriages and Strollers	CPSIA	16 CFR 1227
	Sling Carriers	CPSIA	16 CFR 1228
	Infant Bouncer Seats	CPSIA	16 CFR 1229
	Frame Child Carriers	CPSIA	16 CFR 1230
	Children’s Folding Chairs and Stools	CPSIA	16 CFR 1232
	Portable Hook-On Chairs	CPSIA	16 CFR 1233
	Sharp Points	FHSA	16 CFR 1500.48
	Sharp Metal or Glass Edges	FHSA	16 CFR 1500.49
	Small parts	FHSA	16 CFR 1500.50-53,1501
	Electrically Operated Toys/Articles Intended for Use by Children	FHSA	16 CFR 1505
	Cribs (Full Size)	FHSA	16 CFR 1508
	Cribs (Non full size)	FHSA	16 CFR 1509
	Rattles	FHSA	16 CFR 1510
	Pacifiers	FHSA	16 CFR 1511
	Bicycles	FHSA	16 CFR 1512
	Bunk Beds	FHSA	15 CFR 1513
	Standard for the Flammability of Clothing Textiles	FFA	16 CFR 1610
	Children’s Vinyl Plastic Film	FFA	16 CFR 1611
	Standard for the Flammability of Children’s Sleepwear	FFA	16 CFR 1615, 1616
	Children’s Carpets and Rugs	FFA	16 CFR 1630-31
	Standard for the Flammability of Mattresses/Pads/Sets	FFA	16 CFR 1632, 1633
	Other		

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3A. CHILDREN'S PRODUCT

TESTING SAMPLE SIZE FORM

(Required for Each Children's Product Style Subject to Actual Finished Product Testing)

ALL FIELDS HIGHLIGHTED YELLOW ARE REQUIRED

SECTION I			
Vendor Name ("Vendor"):			
Product Name ("Product"):			
Vendor Style #:		Ross Purchase Order#:	

SECTION II: DESCRIPTION OF SAMPLE SIZE DETERMINATION	
<p>For Product, please describe how you determined the number of samples to test by answering the following questions. If you have questions regarding these issues, please consult with your CPSC approved, third party testing lab.</p>	
QUESTION	ANSWER
1. How many samples are sent to the lab for testing? <i>(Please provide a quantity)</i>	
2. Are samples chosen randomly? <i>(Yes/No)</i>	
a. Please describe the process.	
3. Were there any differences /changes between the product tested and the product sent to Ross that may have occurred due to how the product was made? <i>(Yes/No)</i>	
a. If yes, please describe the difference/changes.	

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3B. CHILDREN’S PRODUCT

PERIODIC TESTING PROGRAM FORM

(Required for Each Children’s Product Style Subject to Periodic Testing Program)

ALL FIELDS HIGHLIGHTED YELLOW ARE REQUIRED

SECTION I			
Vendor Name (“Vendor”):			
Product Name (“Product”):			
Vendor Style #:		Ross Purchase Order #:	

SECTION II: DESCRIPTION OF PERIODIC TESTING PROGRAM

For Product, please describe your Periodic Testing Program by answering the following questions.
If you have questions regarding these issues, please consult with your CPSC-approved, third party testing lab.

THIRD-PARTY TESTING

QUESTION	ANSWER
1. What is the time period between third party tests in your periodic testing program? <i>(Please provide a number, for example: every 12 months, every 6 months)</i>	
a. What is the basis/reason for this time period?	
2. How many samples are sent for testing? <i>(Please provide a quantity)</i>	
a. How is the quantity of samples determined?	

IN-HOUSE TESTING

QUESTION	ANSWER
1. Is in-house testing performed? <i>(Yes/No)</i>	
a. If yes, identify the method of testing? <i>(For example: XRF, visual inspection)</i>	
b. If yes, how often is in-house testing performed? <i>(For example: every production run, quarterly, etc.)</i>	