

# CO-ORDINATION OF NOTIFIED BODIES PPE Regulation 2016/425

PPE-R/00.008 Version 3

R USE	
Approval stage :	Approved on :
<ul><li>☐ Vertical Group</li><li>☑ Horizontal Committee</li><li>☑ EU PPE Working Group</li></ul>	n/a 30/05/2018 22/04/2019
:N:	Other:
ing module C2, namely: -	
	Approval stage :  Vertical Group Horizontal Committee EU PPE Working Group  Recommendation for Use sheet  ing module C2, namely: - ace standard / specification and

Confidential

#### Report number and date:

## **Module C2 Annual Surveillance Report**

Notified Body – name / address / number:			
Certif	icate holder:	Period covered by report:	
Gener	al Reference Documents:		
Recom	nmendation for use sheet, 00.007.	PPE Regulation 2016/425/EU, Module C2	
EU typ	e-examination certificate numbers of	covered by the surveillance:	
Harmo	onised standards / technical specifica	ations within the scope of the surveillance:	
A.	Annual assessment of produ type-examined, reference 2A	ct compliance with standard / specification and of RfU 00.007	
1.	Location(s) visited and dates:		
2a.	Selection carried out by Relationship to notified body		
2b.	Company representative, name and position		
2c.	Relationship of company visited to type-examination certificate holder		
	Certificate Holder Production Distributor Retail Out Other (please specify)	71	
	List of PPE - available - not available - not selected - selected plus lot	/ batch numbers	
3.	Attached reference documents		
	Visit report, number xxxxxxx	Test report, number yyyyyyy	
4.	Sample selection was positive / negative. Product testing was positive / negative		
5.	Sample selection and testing demonstrated compliance with the reference specification / standard and type-examined, yes / no.		
В.	Annual assessment of production not being homogeneous, reference 2B of RfU 00.007		
1.	Method employed to perform assessment, please specify:		
2a.	Assessment(s) carried by Relationship to notified body		
2b.	Company representative, name	and position	

#### Confidential

### Report number and date:

## **Module C2 Annual Surveillance Report**

3.	Attached reference documents.		
	Visit report(s), number xxxxxxx	Test report(s), number yyyyyyyy	
4.	According to our judgement, the as yes / no.	sessment concluded that production was not homogeneous	
Justifi	ication of nonconformities		
Concl	usion of notified body:		
Overa	ll conclusion of the annual surveillan	ce, positive / negative.	
Signa	ture Name ar	nd position Date	