EU DECLARATION OF CONFORMITY No. [NUMBER]

Regulation (EU) 2016/425 on personal protective equipment - Annex IX model

1. PPE (product, type, batch or serial number)

Product name: [Name]
Type/model: [Type or model]
Batch/serial number: [Number]
Other identification, if applicable: [SKU/EAN/etc.]

2. Name and address of the manufacturer and, where applicable, authorised representative

Manufacturer: [Company name]
Address: [Full address]

Authorised representative, if applicable: [Name and full address]

3. Sole responsibility of the manufacturer

This declaration of conformity is issued under the sole responsibility of the manufacturer.

4. Object of the declaration

Description: [Identification and description of the PPE allowing traceability]

[INSERT CLEAR COLOUR IMAGE OF THE PPE HERE, WHERE NECESSARY FOR IDENTIFICATION]

5. Relevant Union harmonisation legislation

The object of the declaration described in point 4 is in conformity with the relevant Union harmonisation legislation:

· Regulation (EU) 2016/425 on personal protective equipment
· [Add other applicable EU legislation for the product, where relevant]

6. Harmonised standards or other technical specifications

References to the relevant harmonised standards used, including the date of the standard, or references to other technical specifications, including the date of the specification, in relation to which conformity is declared:

· [Standard/reference + date]
· [Standard/reference + date]
· [Add further applicable standards/specifications]

7. EU type-examination, where applicable

Where applicable: the notified body [name, identification number] performed the EU type-examination (Module B) and issued the EU type-examination certificate [certificate reference].

If not applicable, enter: Not applicable.

8. Ongoing conformity assessment for Category III PPE, where applicable

Where applicable: the PPE is subject to the conformity assessment procedure [Module C2 / Module D] under surveillance of the notified body [name, identification number].

If not applicable, enter: Not applicable.

9. Additional information

[Add relevant additional information, if any. If none, enter: None.]

Signed for and on behalf of: [Manufacturer/company]
Place and date of issue: [Place, date]
Name: [Name of authorised signatory]
Function: [Job title/function]
Signature: _____

Template note

This template follows the model structure in Annex IX of Regulation (EU) 2016/425. Only include legislation, standards, certificates and notified-body information that actually apply to the PPE.