

Notification of products in Act of Product Safety

In order for the market surveillance authority to make a correct risk assessment it is important that this questionnaire is answered as thoroughly as possible.

Notifying part

Name: _____

Address: _____

Tel.: _____

E-mail: _____

- Manufacturer Importer Rental service
 Supplier Retailer

Product information

Type of product: _____

Brand: _____ Type/Model name: _____

Art.No: _____ Serie-/Batchno: _____ EAN-code: _____

Description of the product: _____

Description of the risk

Type of injury: _____

No of occurred injuries: [____] Incidents: [____] Complaints: [____]

Risk assessment: _____



ELSÄKERHETSVERKET

Test report available? Yes No
Is the product CE marked? Yes No
Declaration of conformity available? Yes No

Product traceability

Manufacturer of the product: _____

Address: _____

Supplier of the product: _____

Address: _____

Importer of the product: _____

Address: _____

No of retailers: [____] No of delivered/sold products: [____]

Is the product delivered/sold to countries outside Sweden? Yes
No
Don't know

If yes, specify the countries: _____

Measures taken

Describe what measures are taken or will be taken to prevent risk of danger to users:

Other relevant information

Send the form and other relevant information to:

Elsäkerhetsverket, PO Box 1371, SE-111 93 STOCKHOLM

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Fax: +46 8 508 905 01

E-mail: elsakerhetsverket@elsakerhetsverket.se