



CO-ORDINATION OF NOTIFIED BODIES  
PPE Regulation 2016/425

PPE-R/00.008  
Version 2

RECOMMENDATION FOR USE

Number of pages: 3		Approval stage :	Approved on :
Origin : Horizontal Committee		<input type="checkbox"/> Vertical Group	n/a
		<input checked="" type="checkbox"/> Horizontal Committee	30/05/2018
		<input type="checkbox"/> EU PPE Working Group	
Question related to	<input checked="" type="checkbox"/> PPE Regulation	<input type="checkbox"/> EN/prEN:	<input type="checkbox"/> Other:
Article:	Annex: VII	Clause:	
	Module C2		
Key words: Standard template for report content covering annual assessment process			
Question: What are the minimum requirements for the report content when implementing Recommendation for Use sheet 00.007? <b>NOTE:</b> RfU 00.007 clearly specifies that 2 separate activities are required when assessing module C2, namely: - 1) Annual selection of samples to confirm continued compliance with the reference standard / specification and the type-examined AND 2) Annual assessment of the production control to determine any evidence of non-homogeneity.			
Solution: See attached pages 2 and 3			

Confidential

Report number and date:

**Module C2 Annual Surveillance Report****Notified Body – name / address / number:****Certificate holder:****Period covered by report:****General Reference Documents:**

Recommendation for use sheet, 00.007.

PPE Regulation 2016/425/EU, Module C2

EU type-examination certificate numbers covered by the surveillance:

Harmonised standards / technical specifications within the scope of the surveillance:

**A. Annual assessment of product compliance with standard / specification and type-examined, reference 2A 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 site	Importer	Secondary production site
Distributor	Retail Outlet	European office of same company	
Other (please specify)			

List of PPE

- available
- not available
- not selected
- selected plus lot / batch numbers

**3. Attached reference documents**

Visit report, number xxxxxxxx

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.****B. Annual assessment of production not being homogeneous, reference 2B of RfU 00.007****1. Method employed to perform assessment, please specify:**

2B(i) - On-site review of production and test records.

2B(ii) - On-site audit of production control.

2B(iii) - Production non-homogeneity assessed by selection of a single, large sample.

2B(iv) - Production non-homogeneity assessed by assessment of samples throughout the year.

**2a. Assessment(s) carried by ..... Relationship to notified body. ....****2b. Company representative, name and position.....**

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**Report number and date:**

**Module C2 Annual Surveillance Report**

**3. Attached reference documents.**

**Visit report(s), number xxxxxxx      Test report(s), number yyyyyyy**

**4. According to our judgement, the assessment concluded that production was not homogeneous, yes / no.**

**Justification of nonconformities**

**Conclusion of notified body:**

**Overall conclusion of the annual surveillance, positive / negative.**

**Signature..... Name and position ..... Date .....**