

	Declaration of Conformity form	Document #
	Product: DeltriSafe+ Type II	DSM-DOC-DS+ -Rev2

Manufacturer's name: Deltrian Protective Equipment
Manufacturer's address: Rue de Berlaimont, 21 A
6220 Fleurus
Belgium
Product type: Surgical/medical face mask
Product: DeltriSafe +
Model # and name (if applicable): DeltriSafe + SURGICAL MASK 3 PLY TYPE II +
UDI - ID 5700105
GMDN: 35177
Classification: Class I
Conformity assessment procedure: Regulation (UE) 2017/745, Annex IV
Deltrian Protective Equipements
Rue de Berlaimont, 21 A
6220 Fleurus
Belgium
Manufacturing site(s):
Notified body: Not applicable as Class I medical devices
Notified body's ID: Not applicable as Class I medical devices
EC Certificate(s) # Not applicable as Class I medical devices

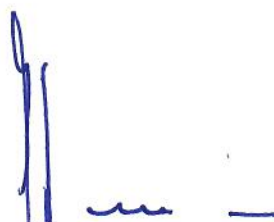


We declare under our sole responsibility that the product(s) specified above meet(s) the provision of the Regulation (EU) 2017/745 and its transpositions in national laws which apply to it, as well as harmonized standard EN 14683 : 2019 + AC : 2019. The declaration of valid in connection with the "final inspection report" of the device

Place: Fleurus, Belgium

Date of issue: 2021-03-03

Signature:



Full name:

Jürgen Alexius
Chief Executive Officer

COMPANY CONFIDENTIAL

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