## SCHEDULE 5

Regulations 2(1)(c)(ii) and Schedule 9(1)

## ANNEX VI OF THE PPE DIRECTIVE MODEL EC DECLARATION OF CONFORMITY

(a) Business name and full address; authorised representatives must also give the business name and address of the manufacturer.

(b) Description of the PPE (make, type, serial number, etc.).

(c) Name and address of the approved body.
(d) Delete whichever is inapplicable.

(e) Name and position of the person empowered to sign on behalf of the manufacturer or his authorised representative.