**Form for the Notification of Dangerous Consumer Products to the Competition and Consumer Protection Commission by Authorities / Producers and Distributors in accordance with Directive 2001/95/EC**

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| **1. GENERAL INFORMATION** |
| **Name, address and contact information of authority / producer / distributor completing this information** |
|  |
| **Date** |
|  |
| **2. PRODUCT** |
| Category |
|  |
| **Customs Code** |
|  |
| **Product name** |
|  |
| **Brand** |
|  |
| **Price** |
|  |
| **Country of origin** |
|  |
| **Type / Number of model / Barcode / Batch code** |
|  |
| **Description** |
|  |
| **Photograph (Please attach photograph (in jpg format) separately** |
|  |
| **Directives and European regulations applicable** |
|  |
| **Proof of conformity** |
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| **3. PRODUCER** |
| **Name, address and contact information of the manufacturer or its representative** |
|  |
| **Name, address and contact information of the exporter** |
|  |
| **Name, address and contact information of the importer** |
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| **4. DISTRIBUTOR AND RETAILER** |
| **Name, address and contact information of the distributors or their representatives** |
|  |
| **Supplier (shop, supermarket, by mail, internet)** |
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| **Countries of destination** |
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| **5. DANGER** |
| Type of risk (Choose from one of the following: Bacteriological, burns, carcinogenic, chemical, choking, crash/break of arms, crash/break of legs, crash/jam/break of fingers, cuts, damage of breathing, damage to hearing, damage to sight, drowning, electric shock, explosion, fire, health risks, infection, injuries external, injuries internal, poisoning, release of metal(s), release of phthalate(s), skin irritation, skin lesions, suffocation, other(if other please specify)) |
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| **Cause of risk** |
|  |
| **Summary of the results of tests / analyses and conclusions (Please attach any test reports, certificates, examinations etc. separately)** |
|  |
| **Description of accidents which have occurred** |
|  |
| **6. MEASURES ADOPTED** |
| **1. Voluntary measures taken** |
| Date and description and duration of all taken measures |
|  |
| **2. Compulsory measures (ENFORCED BY AUTHORITY)** |
| **Date and description and duration of all taken measures** |
|  |
| **7. OTHER INFORMATION** |
| Additional information |
|  |
| **Please indicate if any part of the above information or any part of an attachment is confidential** |