

DICHIARAZIONE DI CONFORMITA'
DECLARATION OF CONFORMITY / DECLARATION DE CONFORMITE



NOME DEL FABBRICANTE
MANUFACTURER'S NAME/NOM DU FABRICANT

GAMMA POLIURETANI SRL

INDIRIZZO
ADDRESS/ADRESSE

Via Padova,9
31046 ODERZO
TREVISO, ITALY

DESIGNAZIONE APPARECCHIO DESIGNATION/DESIGNATION	CARRELLI OSPEDALIERI LINEA AURION AURION HOSPITAL TROLLEYS /CHARIOTS HOSPITALIERS AURION
MODELLO O NUMERO DI ARTICOLO MODEL OR ARTICLE/MODELE OU NO. DE L'ARTICLE	Aurion Compact: – CP/OPR – CP/AN1–CP/UT- CP/UT6– CP/AN2 CP/STO– CP/AT5 – CP/WB4 – CP/TR6– CP/EM–CP/EM1– CP/EM2/s– CP/EM4/s– CP/EM3/s– CP/MED/s– CP/MRI– CP/TER – CP/WB4 – CP/TR6– CP/EM1– CP/EM2– CP/EM4– CP/EM3– CP/MED– CP/MRI– CP/TER – CP/PED – CP/M45– CP/M40– CP/M30D– CP/M30– CP/M25– CP/M15D– CP/M10– CP/M15 –CP/M20–CP/UT5 – CP/MONODOSE Aurion MINI : MINI 400-MINI600-MINI800 Aurion MEGA: – MG/MED– MG/EM1 – MG/UT3 – MG/UT4 – MG/UT5 – MG/EM2– MG-EM5 - MG/GIV– MG/TER–MG/MRI – MG/AN2– CO/EM– CO/TER– CO/MED– CO/GIV– CO/UT-3- CO/UT-4
ANNO DI APPOSIZIONE MARCHIO CE YEAR OF APPLIANCE CE MARK/ANEE D'APPOSITION MARQUE CE	2001
CATEGORIA I CATEGORY/CATEGORIE	DISPOSITIVI MEDICI MEDICAL DEVICES/DISPOSITIFS MEDICAUX

CONFORMITA' ALLE DIRETTIVE E SUCCESSIVE INTEGRAZIONI ED AGGIORNAMENTI
 CONFORMITY WITH THE DIRECTIVE AND SUBSEQUENT INTEGRATIONS AND REVISIONS/CONFORMITE AVEC LES DIRECTIVES ET
 SUCCESSIVES INTEGRATIONS ET REVISIONS

93/42/CEE FOR MEDICAL DEVICE CLASS I

DISPOSITIVI MEDICI E LORO ACCESSORI
 DISPOSITIFS MEDICAUX ET LEURS ACCESSORIES

CND : V0899

La presente dichiarazione è rilasciata sotto la responsabilità di GAMMA POLIURETANI SRL
 This declaration is issued under the responsibility of GAMMA POLIURETANI SRL
 La présente déclaration est délivrée sous la responsabilité de GAMMA POLIURETANI SRL

Date 01.01.2016

Firma / Signature:
 GAMMA POLIURETANI SRL
 Eng. Dario Lotteri
 QA