

KONSTANTINIDIS PHARMACY

DECLARATION of CONFORMITY E.U.

We are solely responsible for declaring that the Medical Devices mentioned in this statement are of Low-Risk Class (Class I) and comply with the requirements of the European Regulation 745/2017 and where appropriate, the standards and legislation referred to.

MANUFACTURER:	PHARMACY STYLIANOS KONSTANTINIDIS
HEAD OFFICE ADDRESS:	52, Har. Trikoupi str., 185 36, Piraeus, Greece
E-MAIL:	sconsta@otenet.gr
TELEPHONE:	0030 210 4524997

COMPETENT AUTHORITY:	Hellenic National Organization for Medicines
CONTACT DETAILS:	Address: 284 Mesogion str., P.C. 155 62, CHORARGOS Telephone: 0030 2132040000 Web site: https://www.eof.gr/

CONFORMITY ASSESSMENT PROCEDURE

[745/2017 \(Art. 19, Annex IV\)](#)

APPLIED STANDARDS & LEGAL REQUIREMENTS

[92/29/EE, SOLAS 1974](#)



APPROVAL	
NAME:	STYLIANOS KONSTANTINIDIS
POSITION:	OWNER - PHARMACIST
PLACE:	PIRAEUS - GREECE
DATE:	20/05/2021
SIGN:	<div>PHARMACY IMPORT - EXPORT S. KONSTANTINIDIS 52, HAR. TRIKOUPI Str., PIRAEUS, 185 36 VAT GR: 019536650 TEL: +30 210 4511781 - FAX: +30 210 4524997 www.pharmamedihelp.gr e-mail: sconsta@otenet.gr</div>

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LIST OF PRODUCTS COVERED BY THIS DECLARATION

No	PRODUCT	CODE	Code EOF / UDI-DI	INTENDED USE	RULE (ANNEX VIII)
1	FIRST AID KIT FOR LIFE RAFT – LIFE BOAT “SOLAS 74”	01	2820002786980/ 521400230401YA	FIRST AID KIT FOR EMERGENCY CARE IN LIFE RAFT – LIFE BOAT	4.1. Rule 1
2	FIRST AID KIT FOR LIFE RAFT – LIFE BOAT- PLEASURE BOATS “CATEGORY CV(3)”	02	2820002787000/ 521400230402YC	FIRST AID KIT FOR EMERGENCY CARE IN LIFE RAFT – LIFE BOAT – PLEASURE BOAT	4.1. Rule 1