# A REPORT BY THE ECONOMIC OPERATOR ON THE CONFORMITY OF THE PRODUCT

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*firstname.lastname@tukes.fi*

*kirjaamo@tukes.fi (official matters)*

## DETAILS OF THE ECONOMIC OPERATOR

Company and business ID:

Address:

Contact person and his/her e-mail and phone:

This is the product’s

manufacturer/manufactured for,  importer to the EU,  distributor,  retailer,  agent/other trader,  other role in releasing products, please specify:

### Details of the company that brought the product to Finland*, if other than specified above*

Company and business ID:

Address:

Contact person and his/her e-mail and phone:

### Details of the party that imported the product to the EU area*, if other than specified above*

Company and business ID:

Address:

Contact person and his/her e-mail and phone:

### Details of the manufacturer or whom the product was manufactured for*, if other than specified above:*

Company and business ID:

Address:

Contact person and his/her e-mail and phone:

## PRODUCT INFORMATION (please attach an image of the product, if available)

Name and model of product:

Country of origin:

Retail price:

Tracing details *(e.g. lot number/ean-code/other):*

### Number of pieces, and date of delivery:

The amount of products delivered to Finland / manufactured in Finland (pcs):

Date:

The amount of products in your inventory (pcs):

The amount of products in the care of retailers or otherwise available to consumers (pcs):

The amount of products sold / made otherwise available to consumers (pcs, estimate):

Date:

**Distribution channels** (please continue on a separate sheet, if necessary)  
(wholesalers, retailers, online shops and any other distributor the product has been delivered to and the number of delivered products)

The product has not been delivered to other retailers

The product is sold via our own online shop only

All the consumers who have purchased the product can be contacted personally and notified directly

## HOW HAVE YOU ENSURED THAT THE PRODUCT IS SAFE/THE CONFORMITY OF THE PRODUCT?

Please attach all relevant documents including the manufacturer's declaration of conformity, type examination etc. to this form

**What potential hazards can the product cause? In your opinion, what caused the event? Which part of your safety/quality management system’s performance did not meet expectations? Due to this event, how do you plan to develop your systems and what kind of changes are you going to introduce into your operations in the future?**

**Are you aware of any other similar events, accidents, dangerous situations, or near misses****?**

## HOW DO PLAN TO ADDRESS THE SITUATION?

**Do you plan to inform others about the event?**  No  Yes; please specify how:

**Measures:**

Supplier/manufacturer:

Schedule:

Retailers/distributors:

Schedule:

Consumers who bought the product:

Schedule:

**Consumers are informed via:**

A customer register or similar. Using the register, how many % of the consumers who bought the product can you reach?

Press release  Announcements in the papers  Company web site  Product outlets

Other, please specify:

**What do you plan to do with the products remaining in your inventory and in stores?**

Dispose of the products, date:

Repair the products (attach a detailed report on how the products will be repaired with a schedule)

Other, please specify:

**If you intend to arrange a product recall, what do you plan to do with the returned products?**

## HAS THE PRODUCT BEEN EXPORTED? ☐ No ☐ Yes, please specify:

Country where exported:

Companies (contact details: name and address):

Amount:

Period:

Country where exported:

Companies (contact details: name and address):

Amount:

Period:

*Please continue on a separate sheet, if necessary.*

1. **DO YOU HAVE ANY OTHER SIMILAR PRODUCTS WHICH MIGHT HAVE SAFETY DEFECTS OR NON-CONFORMITY?**

No  Yes, please specify the products and you intended course of action.

*Please continue on a separate sheet, if necessary.*

## HAVE YOU REPORTED THIS TO OTHER AUTHORITIES?

No  Yes, please specify authority and when reported?

## SIGNATURE, NAME IN BLOCK LETTERS AND DATE

## *(name in block letters and date are sufficient for reports sent via email)*

**RETURN ADDRESS:** Tukes, PL 66 (Opastinsilta 12B), 00521 Helsinki, or by email to the person handling your case ([firstname.lastname@tukes.fi](mailto:firstname.lastname@tukes.fi))

**ATTACHMENTS:**

An image of the product

User manual for the product (Finnish, Swedish)

Certificates of compliance (pcs)