

# EU Declaration of Conformity

## Annex IX PPE Regulation (EU) 2016/425

### This EU Declaration of conformity refers to the following products

(1)

Product Name	Type	Batch Number or Serial Number or Identifier
JT Proflex X	Goggle	23280

(2) The Manufacturer's name and address is as follows:

GI Sportz  
2955 Adams Center Rd.  
Fort Wayne, IN 46803

(3) This Declaration of Conformity is issued under the sole responsibility of the Manufacturer

(4) Detailed description of the PPE to allow traceability/identification of the PPE.

23280 JT Proflex X Black Clear Thermal Goggle

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Photographs may be included if it will assist in identify the product.

(5) The article identified in (4) above is in conformance with the relevant Union Harmonisation Legislation Regulation (EU) 2016/425.

(6) References to the relevant harmonised standards used, including the date of the standard, or references to the other technical specifications, including the date of the specification, in relation to which conformity is declared: ASTM F1776-18

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(7) CCQS UK Ltd., 5 Harbour Exchange Square, Canary Wharf, London E14 9GE, UK Notified Body: 1105 performed the EU Type Examination (Module B) and issued the Type Examination Certificate Number \_\_\_\_\_

(8) Tick the section that applies:

\* This product is Category II

This product is Category III and is subject to Module C2 internal production control plus supervised product checks at random intervals and is under the surveillance of \_\_\_\_\_ (name of notified body and number).

This product is Category III and is subject to Module D Conformity to type based on quality assurance of the production process and is under the surveillance of \_\_\_\_\_ (name of notified body and number).

(9) The Manufacturer identified in (2) above has considered all the basic requirements as found in Annex II of the Regulation as determined applicable to the products described in (1) and assures the conformity of the product(s) to same by utilising Annex ZA of the applicable harmonized standard/s identified in (6).

(10) Additional information

Signed for and on behalf of

Place: GI Sportz	Date of issue:
Signature:	Job title: QA Manager