

SUPPLIER DECLARATION OF CONFORMITY (SDoC)

In accordance with ISO/IEC 17050-1:2004

SDoC Identification Number¹:

Issuer details

Name ² (of New Zealand manufacturer or importer): <input type="text" value="Weiss Ltd"/>	Contact Address: <input type="text" value="20B Arwen Place
East Tamaki
Auckland
2013"/>
Telephone: <input type="text" value="09 2744113"/>	
New Zealand Company No. (if applicable): <input type="text"/>	
Email Address: <input type="text" value="nz.sales@weiss.co.nz"/>	

Medium Risk Article – Details³ (Product name, type, rating, brand, model, batch numbers, and serial numbers, as applicable):

Home Ventilation System Brand: Weiss Model: FVSG / FVSAT Rating: 230-240 V, 50Hz, 85 W, T, IPX2 Max Load: 2295 W (FVSG only)
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The Medium Risk Article listed above, fully complies:

With cited standard(s), as listed ⁴ :	
Standard number and issue year: <input type="text" value="AS/NZS 60335.2.80:2004"/>	Standard number and issue year: <input type="text" value="2004"/>
Edition / Amendment status: <input type="text" value="Amdt. 1"/>	Edition / Amendment status: <input type="text"/>
Standard title: <input type="text" value="Particular requirements for fans"/>	Standard title: <input type="text"/>
AS/NZS ZZ modified Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	AS/NZS ZZ modified Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OR Complies with the Conformity Cooperation Agreement ⁵ Yes <input type="checkbox"/> No <input type="checkbox"/>	

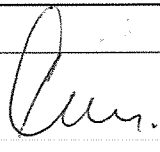

Names and addresses of any testing organisation or body

Name(s): <input type="text" value="Spectrum Laboratories"/>	Address(es): <input type="text" value="Unit 1 25 Highbrook Dr, Auckland 2013"/>
Name(s): <input type="text"/>	Address(es): <input type="text"/>

Reference to relevant test reports/certification and the issue date that show how compliance is achieved

Standard(s) or document(s) used, to show how compliance with cited standard is achieved: <input type="text" value="Test report"/>	Report Certification or Document reference N ^o (s): <input type="text" value="5870"/>	Issue date(s): <input type="text" value="14/7/2016"/>
Reference to any management quality system involved: <input type="text" value="IANZ"/>		
Additional information ⁶ : <input type="text"/>		

Declaration (signed for and on behalf of)

Name and position as authorized by the issuer ⁷ : <input type="text" value="Mark Desmond Director"/>	Signature: 
Issuer Identification (as affixed to the article): 	Date: <input type="text" value="14/7/2016"/>