

STIHL# 000C-884-0139

# CERTIFICATION SCHEDULE

COMPANY: Hellberg Safety AB

SCHEDULE NO: ONE

CERTIFICATE NO: EC 566

DATE: 3 November 1997

SHEET NO. 1 OF 1

**SAFE 1 (VMC Ear-muff mounted)**

Fitted with the following mesh visors

19940	-	Nylon
19935	-	Stainless Steel

**SAFE 2 (Helmet mounted)**

Fitted with the following mesh visors

20923	-	Nylon
20915	-	Stainless Steel
20912	-	Steel (Painted) STIHL # 0000-884-0139

**SAFE 3 (Browguard mounted)**

Fitted with the following mesh visors

20923	-	Nylon
20915	-	Stainless Steel
20912	-	Steel (Painted)

Signed for and on behalf of INSPEC CERTIFICATION LIMITED

# KONFORMITÄTSERKLÄRUNG

*Herstellername, Adresse, Telefonnr./Faxnr.*

**Hellberg Safety AB**

**PO Box 90**

**Lerum – 1, S-44301**

**Schweden**

**Tel. +4630224450, Fax. +4630224460**

*Erklärt, dass die im Folgenden beschriebene persönliche Schutzausrüstung*

**Gesichtsschützkombination**

**Stihl # 0000-884-0139**

*den Vorgaben der Ratsrichtlinie 89/686/EEC und, falls relevant, den nationalen Bestimmungen zum harmonisierten Standard EN1731: 1997 entspricht.*

*identisch mit der persönlichen Schutzausrüstung im EU-Konformitätszertifikat Nr. 566 ist, das vom Inspec Laboratories Limited, 56 Leslie Hough Way, Salford, Greater Manchester, M6 6AJ, England, ausgefertigt wurde.*

*Datum und Ort der Ausfertigung*

**Stenkullen 2006-06-13**

*Name und Unterschrift der berechtigten Person*



**Göran Hellberg**

*Position*

**Geschäftsführer, Hellberg Safety AB**

# DECLARATION OF CONFORMITY

*Manufacturer's name, address, telephone/fax no*

**Hellberg Safety AB**  
**PO Box 90**  
**Lerum – 1, S-44301**  
**Sweden**  
**Tel: +4630224450 Fax: +4630224460**

*Declares that the PPE described hereafter*

**Mesh Type Eye and Face Protectors,**  
Stihl # 0000-884-0139

*Is in conformity with the provisions of Council Directive 89/686/EEC and, where such is the case, with the national standard transposing harmonised standard No. EN 1731:1997*

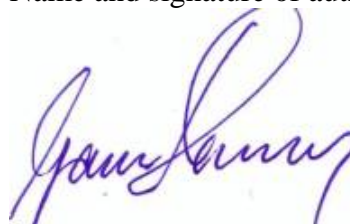
*Is identical to the PPE which is the subject of EC certificate of conformity No. 566 issued by:*

Inspec Laboratories Limited  
56 Leslie Hough Way,  
Salford Greater Manchester  
M6 6AJ, England

*Date and place of issue*

**Stenkullen 2006-06-13**

Name and signature of authorized person



**Göran Hellberg**  
Position  
**Managing Director**

# DÉCLARATION DE CONFORMITÉ

*Nom, adresse, n° téléphone/télécopie du fabricant*

**Hellberg Safety AB**

**PO Box 90**

**Lerum – 1, S-44301**

**Suède**

**Tél: +4630224450, Fax: +4630224460**

*Déclare que le nouveau PPE décrit ci-après*

**Maille de protection de visage**

Stihl # 0000-884-0139

*Est conforme aux dispositions de la directive européenne 89/686/CEE, et lorsque c'est le cas à la norme nationale transposant la harmonise No EN1731:1997*

*Eat identique à la PPE qui est l'objet du certificate UE de conformité No. 566 délivré par:*

Inspec Laboratories Limited

56 Leslie Hough Way

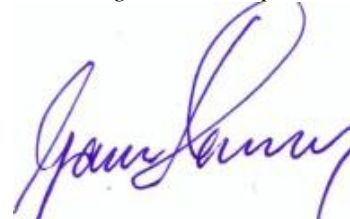
Salford, Greater Manchester

M6 6AJ, England

*Date et lieu délivrance*

**Stenkullen 2006-06-13**

*Nom et signature de la personne autorisée*



**Göran Hellberg**

*Titre*

**Directeur de gestion**



Finnish Institute of  
Occupational Health

FIOH  
notified by the Ministry of Social Affairs and Health and identified under  
0403 grants

# EC TYPE EXAMINATION CERTIFICATE

27152GHS01

for ear muff type helmet attached hearing protector  
as defined in EN 352-3:2002

**Hellberg 8K, Hellberg 10K, Hellberg 12K**

STIHL # 0000-884-0139

Hellberg Safety  
Stenkullen, Sweden

These products comply with Directive 89/686/EEC, as amended

Helsinki, 4 April 2007

Helena Mäkinen  
Team Leader

Eero Korhonen  
Senior Researcher

This certificate comprises 3 pages and an appendix.

Finnish Institute of Occupational Health, Work Environment Development, Protection and Product Safety,  
Notified Body No. 0403,  
Topeliuksenkatu 41 a A, FI-00250 Helsinki, Finland

# KONFORMITÄTSERKLÄRUNG

*Herstellername, Adresse, Telefonnr./Faxnr.*

**Hellberg Safety AB**

**Box 3002**

**443 03 Stenkullen**

**Schweden**

**Tel. +4630224450, Fax. +4630224460**

*Erklärt, dass die im Folgenden beschriebene persönliche Schutzausrüstung*

**Kapselgehörschützer, Hellberg 8k**

*den Vorgaben der Ratsrichtlinie 89/686/EEC und, falls relevant, den nationalen Bestimmungen zum harmonisierten Standard EN352-3:2002 entspricht.*

*identisch mit der persönlichen Schutzausrüstung im EU-Konformitätszertifikat Nr. 27152GHS01 ist, das vom FIOH,*

Finnish Institute of Occupational Health

Topeliuksenkatu 41 a A

00250 Helsinki

Finland

*ausgefertigt wurde.*

*Datum und Ort der Ausfertigung*

**Stenkullen 2008-09-25**

*Name und Unterschrift der berechtigten Person*



**Karin Dahlberg**

Position

**Qualitätsmanager**

# DECLARATION OF CONFORMITY

*Manufacturer's name, address, telephone/fax no*

**Hellberg Safety AB**  
**Box 3002**  
**443 03 Stenkullen**  
**Sweden**  
**Tel: +4630224450 Fax: +4630224460**

*Declares that the PPE described hereafter*

**Earmuff, Hellberg 8k**

*is in conformity with the provisions of Council Directive 89/686/EEC and, where such is the case, with the national standard transposing harmonised standard No. EN 352-3:2002*

*is identical to the PPE which is the subject of EC type examination certificate No.*

**27152GHS01** issued by FIOH;  
Finnish Institute of Occupational Health  
Topeliuksenkatu 41 a A  
00250 Helsinki  
Finland

*Date and place of issue*

**Stenkullen 2008-09-25**

Name and signature of authorized person



**Karin Dahlberg**  
Position  
**Quality Manager**



# DÉCLARATION DE CONFORMITÉ

*Nom, adresse, n° téléphone/télécopie du fabricant*

**Hellberg Safety AB**

**Box 3002**

**443 03 Stenkullen**

**Suède**

**Tél: +4630224450, Fax: +4630224460**

*Déclare que le nouveau PPE décrit ci-après*

**Protection auditive, Hellberg 8k**

*est conforme aux dispositions de la directive européenne 89/686/CEE, et lorsque c'est le cas à la norme nationale transposant la harmonisée No EN352-3:2002*

*est identique à la PPE qui est l'objet du certificate UE de conformité No. 27152GHS01 délivré par FIOH;*

Finnish Institute of Occupational Health

Topeliuksenkatu 41 a A

00250 Helsinki

La Finlande

*Date et lieu délivrance*

**Stenkullen 2008-09-25**

Nom et signature de la personne autorisée



**Karin Dahlberg**

*Titre*

**Directeur de qualité**