



**DECLARACION DE CONFORMIDAD  
CONFORMITY DECLARATION  
DÉCLARATION DE CONFORMITE  
ZUSTIMMUNGSERKLÄRUNG  
DECLARAÇÃO DE CONFORMIDADE  
DICHIARAZIONE DI CONFORMITÀ**

Directivas de aplicación / Application Directives / Directives d'application / Verwendungsrichtlinien / Diretrizes de aplicações / Direttive di applicazione:	2006/95/EC & 2004/108/EC INCLUDING AMENDMENTS
Conforme a las normas / According to the standards / Selon les normes / Den Normen gemäss / De conformidada com as normas / Conforme alle norme:	EN 60 335-1, EN60335-2-23, EN 55014-1, EN55014-2, EN61000-3-2, EN61000-3-3
Fabricante / Manufacturer / Fabricant / Hersteller / Produttore:	Mediclinics, S.A.
Dirección del fabricante / Address of the manufacturer / Adresse du Fabricant / Adresse des Herstellers / Endereço do fabricante / Indirizzo del produttore:	c/ Industria, 54, 08025 Barcelona (SPAIN)
Importador / Importer / Importateur / Importeur / Importatore:	Mediclinics, S.A.
Dirección importador / Address of the importer / Adresse de l'importateur / Adresse de Importeurs / Endereço do importador / Indirizzo dell'importatore:	c/ Industria, 54, 08025 Barcelona (SPAIN)
Tipo de aparatos / Type of appliance / Genre d'appareils / Type der Geräte / Tipo de aparelhos / Tipo apparecchio:	Secadores de Cabellos/Hair dryers/Sèche Chevaux/ Haartrockners/Secador de Cabelo/Asciugapelli
Referencia de modelo / Reference of the model / Référence du modèle / Modell-Referenz / Modello:	M09A; M09AC; M09ACS
Año fabricación / Manufacturing year / Année de fabrication / Herstellungsjahr / Ano fabricaçãõ / Anno di fabbricazione:	<b>2013</b>

El firmante declara que los aparatos especificados en el presente certificado son conformes a las directivas y normas indicadas.  
The manufacturer declares that the appliance mentioned on the present certificate meet the directives and standard shown above  
Le signataire déclare que les appareils spécifiés dans ce certificat sont conformément à ce qui est stipulé dans les directives et normes indiquées.  
Der Unterzeichnete erklärt, dass die in diesem Zertifikat spezifizierten Geräte, den genannten Richtlinien und Normen entsprechen.  
O asinante declara que os aparelhos especificados no presente certificado são de conformidade com as diretrizes e normas indicadas  
Il firmatario dichiara che gli apparecchi elettrici indicati nel presente certificato, sono stati realizzati in conformità con le normative europee suindicate; in regola per l'applicazione del marchio CE

En/In/À/Em/In:	Barcelona
Nombre/Name/Nom/Namen/Nome:	German Muñoz
Cargo/Title/Poste/Posten/Incarico:	Responsable de Calidad/Quality Manager

Firmado/Signature/Unterschrift/Asinado/Firma.

IEC SYSTEM FOR MUTUAL RECOGNITION OF TEST  
CERTIFICATES FOR ELECTRICAL EQUIPMENT  
(IECEE) CB SCHEME

SYSTEME CEI D'ACCEPTATION MUTUELLE DE  
CERTIFICATS D'ESSAIS DES EQUIPEMENTS  
ELECTRIQUES (IECEE) METHODE OC

**CB TEST CERTIFICATE**  
**CERTIFICAT D'ESSAI OC**

Product  
Produit

Hand Dryer

Name and address of the applicant  
Nom et adresse du demandeur

Mediclinics, S.A.  
Industria 54  
08025 Barcelona, Spanien

Name and address of the manufacturer  
Nom et adresse du fabricant

Mediclinics, S.A.  
Industria 54  
08025 Barcelona, Spanien

Name and address of the factory  
Nom et adresse de l'usine

Mediclinics S.A.  
P.I. Can Oller - c/Catalunya, 9  
08130 Sta. Perp. de Mogoda, Spagna

Note: When more than one factory, please report on page 2  
Note: Lorsque il y plus d'une usine, veuillez utiliser la 2<sup>ème</sup> page

Ratings and principal characteristics  
Valeurs nominales et caractéristiques principales

AC 220-240V, 50/60Hz, a)1100W b)600W, Class I; IP 23

Trade mark (if any)  
Marque de fabrique (si elle existe)

MEDICLINICS

Model/type Ref.  
Ref. de type

a) M09A, M09AC; M09ACS, M09AO, M09AE, M09Ax  
b) M09A-600; M09AC-600; M09ACS-600, M09AO-600,  
M09AE-600, M09Ax-600

Additional information (if necessary may also be  
reported on page 2)  
Les Information complémentaire (si nécessaire,  
peuvent être indiqués sur la 2<sup>ème</sup> page)

The details of the variables in the types  
are in the test report at page 6.

A sample of the product was tested and found  
to be in conformity with  
Un échantillon de ce produit a été essayé et a été  
considéré conforme à la

**PUBLICATION** IEC 60335-1:2010+A1  
IEC 60335-2-23:2003+A1+A2

**EDITION**

As shown in the Test Report Ref. No. which forms part  
of this Certificate  
Comme indiqué dans le Rapport d'essais numéro de  
référence qui constitue une partie de ce Certificat

28107692 001

This CB Test Certificate is issued by the National Certification Body  
Ce Certificat d'essai OC est établi par l'Organisme National de Certification



TUV Rheinland LGA Products GmbH  
Tillystraße 2 - 90431 Nürnberg, Germany  
Phone + 49 221 806-1371  
Fax + 49 221 806-3935  
Mail: cert-validity@de.tuv.com  
Web: www.tuv.com



Date: 28.04.2015

Signature:

# Zertifikat

# Certificate



Zertifikat Nr. *Certificate No.*  
CC 60098167

Blatt *Page*  
0001

Ihr Zeichen *Client Reference*

Unser Zeichen *Our Reference*  
0001- - 28107449 001

Ausstellungsdatum  
26.11.2014

*Date of Issue*  
(day/month/year)

**Genehmigungsinhaber *License Holder***  
Mediclinics S.A.  
Via Industria 54  
08025 Barcelona  
Spanna

**Fertigungsstätte *Manufacturing Plant***  
Mediclinics S.A.  
P.I. Can Oller - c/Catalunya, 9  
08130 Sta. Perp. de Mogoda  
Spanna

## Prüfzeichen *Test Mark*



Elektro-  
magnetische  
Verträglichkeit  
Regelmäßige  
Produktions-  
überwachung  
www.tuv.com  
ID 400000000

## Geprüft nach *Tested acc. to*

EN 55014-1:2006+A1+A2  
EN 55014-2:1997+A1+A2  
EN 61000-3-2:2006+A1+A2  
EN 61000-3-3:2013

Zertifiziertes Produkt (Geräteidentifikation)  
*Certified Product (Product Identification)*

Lizenzentgelte - Einheit  
*License Fee - Unit*

Händetrockner [ Hand Dryer ]

Bezeichnung: M09A ; M09AC , M09ACS ; M09AO ; M09AE ; M09AX  
(model)

10

Nennaufnahme: 1100W for model M09A, M09AC, M09ACS, M09AX  
(rated input) M09AR, M09AO  
600W for model M09A-600W, M09AC-600W,  
M09ACS-600W, M09AX-600W,  
M09AR-600W, M09AO-600W

Schutzart: IP23  
(prot. degree)

Nennspannung: 220-240V, 50/60 Hz  
(rated voltage)

10

Dem Zertifikat liegt unsere Prüf- und Zertifizierungsordnung zugrunde.  
Das Produkt entspricht den o.g. Anforderungen, die Herstellung wird überwacht.  
This certificate is based on our Testing and Certification Regulation. The product  
fulfills above mentioned requirements, the production is subject to surveillance.

TÜV Rheinland LGA Products GmbH, Tillystraße 2, 90431 Nürnberg  
Tel. +49 221 806-1371 e-mail: cert-validity@de.tuv.com  
Fax +49 221 806-3935 http://www.tuv.com/safety



# Zertifikat

# Certificate



Zertifikat Nr. *Certificate No.*  
S 60098165

Blatt *Page*  
0001

Ihr Zeichen *Client Reference*

Unser Zeichen *Our Reference*

Längstens gültig bis

*Latest expiration date*  
(day/mo/yr)

0001-fc- 28107063 001

25.11.2019

Genehmigungsinhaber *License Holder*

Mediclinics S.A.  
Via Industria 54  
08025 Barcelona  
Spagna

Fertigungsstätte *Manufacturing Plant*

Mediclinics S.A.  
P.I. Can Oller - c/Catalunya, 9  
08130 Sta. Perp. de Mogoda  
Spagna

Prüfzeichen *Test Mark*



www.tuv.com  
ID 1000000000

Geprüft nach *Tested acc. to*

EN 60335-1:2012+A11

EN 60335-2-23:2003+A1+A11

ZEK 01.4-08/11.11

Zertifiziertes Produkt (Geräteidentifikation)

*Certified Product (Product Identification)*

Lizenzentgelte - Einheit

*License Fee - Unit*

Händetrockner [ Hand Dryer ]

Bezeichnung: M09A ; M09AC ; M09ACS ; M09AO ; M09AE ; M09Ax  
(model)

10

Nennaufnahme: 1100W for model M09A, M09AC, M09ACS, M09Ax  
(rated input) M09AE, M09AO

600W for model M09A-600W, M09AC-600W,  
M09ACS-600W, M09AX-600W,  
M09AE-600W, M09AO-600W

Schutzart: IP23  
(prot. degree)

Nennspannung: AC 220-240V, 50/60 Hz  
(rated voltage)

10

ANLAGE (Appendix): 1.0

Dem Zertifikat liegt unsere Prüf- und Zertifizierungsordnung zugrunde.  
Produkt und Fertigungsstätte erfüllen § 20 und § 21 des  
Produktsicherheitsgesetzes.

*This certificate is based on our Testing and Certification Regulation.*

*Product and production fulfill par § 20 and § 21 of the  
Product Safety Law.*

TÜV Rheinland LGA Products GmbH, Tillystraße 2, 90431 Nürnberg

Tel.: +49 221 806-1371 e-mail: cert-validity@de.tuv.com

Fax: +49 221 806-3935 http://www.tuv.com/safety



Zertifizierungsstelle

Dipl.-Ing. J. Höhne

Ausstellungsdatum *Date of Issue* : 26.11.2014 (day/mo/yr)



<b>Certificate # - Sheet #</b>	S 60098165 001
<b>Client:</b>	MEDICLINICS

<b>Technical Certification:</b>	<input checked="" type="checkbox"/> <b>Yes (see Attachment / Certificate DRAFT)</b>	<input type="checkbox"/> <b>No</b>
	by: <u>Flavio Ceriani</u> (Printed name)	

Are following items fulfilled?	OK	Fail	N/A	Remarks / Checked documents																																				
Job Control Sheet provided, all "MANDATORY" checks done, and all corresponding checklists provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(a Job Control Sheet may not be used in all offices)																																				
Product in the scope of laboratory, test engineer and reviewer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Laboratory <input checked="" type="checkbox"/> Tester <input checked="" type="checkbox"/> Reviewer																																				
Product in the scope of certification body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Technical Work Equipment or its accessory <input checked="" type="checkbox"/> Ready-to use commodity																																				
Product type printed on certificate DRAFT in all languages correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
License fee units on certificate DRAFT in accordance with internal pricelist?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Product information and Technical information printed on certificate DRAFT correct and sufficient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
"Remarks" on certificate DRAFT correct and sufficient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
List of safety relevant components provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as Constructional Data Form (CDF)? <input checked="" type="checkbox"/> as part of Photo Documentation? <input type="checkbox"/> as part of Test Report? <input checked="" type="checkbox"/> Follow Up Documentation in folder 2 (TRLP) ? <input type="checkbox"/>																																				
Test requirements applicable and sufficient? (e.g. §4 and §7 of GPSG)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td>EMC, provided?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Noise, provided?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LFGB, provided?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EMF, provided?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WEEE, provided?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RoHS, provided?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PAH compliant?</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Safety ? (for 'CC' certificates only)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	N/A	EMC, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Noise, provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LFGB, provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMF, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WEEE, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RoHS, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAH compliant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety ? (for 'CC' certificates only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Yes	No	N/A																																					
EMC, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Noise, provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
LFGB, provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
EMF, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
WEEE, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
RoHS, provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
PAH compliant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Safety ? (for 'CC' certificates only)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																					
Test requirements up-to-date and valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earliest expiration date (if known):																																				
Test Reports complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Equipment list (MTE), attached?</td> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other referenced attachments?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Equipment list (MTE), attached?	Yes	No	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other referenced attachments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Equipment list (MTE), attached?	Yes	No	N/A																																					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Other referenced attachments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Test results plausible? (QMA 6.1-500, 4.1-550)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
External laboratory accredited or assessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Assessment report, attached?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>If "No" why not? _____</td> <td></td> <td></td> </tr> </table>	Assessment report, attached?	Yes	No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	If "No" why not? _____																													
Assessment report, attached?	Yes	No																																						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																						
If "No" why not? _____																																								
Test Reports signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Factories inspected and up to date? (e.g. "FI database" or Transaction "ZHFL" in SAP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Factories for Accessories? (e.g. Remote control with Laser!)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																					
GS-mark: Instructions for use in German? DENAN: Instructions for use in Japanese? (GS Reference: GPSG section 4(4)2.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Manufacturer's name or authorized representative or importer and their addresses?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> on the product <input checked="" type="checkbox"/> on the packing <input checked="" type="checkbox"/> in the user manual / warranty card																																				
GPSG checklist provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If "Fail", note the location of the information for the alternative option without GPSG checklist: <input type="checkbox"/> Info is located in _____																																				
Risk assessment prepared by manufacturer available and sufficient? (context: EC directives for Toys, Machinery, Medical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																				





**Certification**  
acc. to QMA TRLP 6.1-500 etc. / Va4-1



**TÜVRheinland®**

**DIN CERTCO**

Other Aspects:		
<input checked="" type="checkbox"/> Certification is recommended. <input type="checkbox"/> Certification is not recommended. (see "Other Aspects") <input type="checkbox"/> Certification is recommended with reservations (see "Other Aspects")	2014.12.17 Date	 F. Ceriani Signature (of Technical Certifier)

<b>Certification</b>	By: <u>Hochner</u> (Printed name)			
<b>Are following items fulfilled?</b>	<b>OK</b>	<b>Fail</b>	<b>N/A</b>	<b>Remarks / Checked documents</b>
Product in the scope of technical certifier?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Agreement signed? (e.g. check by Transaction "ZWKTAB" in SAP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OEM / Trademark declaration(s) provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application documents complete? (German: Vollständigkeit der Antragsunterlagen)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GS license: "Latest expiration date" acc. to page 1? EC-Type Examination Certificates: Expiry date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Aspects:				
<input checked="" type="checkbox"/> Certification is carried out. <input type="checkbox"/> Certification is not carried out. (see "Other Aspects") <input type="checkbox"/> Certification is carried out with reservations (see "Other Aspects")	2015-01-23 Date	 Signature (of Certifier)		