

## EU DECLARATION OF CONFORMITY (No. 91/1/18/EN)

1	Scale							
	Type:	Type: <b>HX5.EX-*</b>						
2	Manufa	nufacturer: RADWAG WAGI ELEKTRONICZNE						
	Address	Witold Lewandowski						
	Addiess	Address: POLAND, 26-600 Radom, 5 Toruńska Street						
3	This dec	This declaration of conformity is issued under the sole responsibility of the manufacturer.						
4	-	•						
5	The object of this declaration is in conformity with the relevant European Union harmonisation legislation:							
6	Directiv		Harmonised Standards					
	2014/30/EU		EN 61326-1:2013					
	2014/34	/EU	EN 60079-0:2013-03 + A11:2014-03					
			EN 60079-11:2012					
Scale with CE mark featuring supplementary metrological marking (capital letter M and two								
	the year when metrological marking was applied, inserted in a rectangle) and Notified Body no., additionally adheres to:							
	2014/31/EU EN 45501:2015							
7		Notified Body no. 1440, GŁÓWNY URZĄD MIAR, performed examination, and issued EU-Type Examination Certificate no. PL 17 009.						
		Body no. 0122, NMI Certin B.V., performe HX5.EX indicator.	d examination, and issued Certificate no. TC11120,					
	Notified	Body no. 1453. Główny Instytut Górnictwa	, performed examination, and issued EU-Type					
		ation Certificate no. KDB 17ATEX0066X, for						
	Scale marking:							
	€x>	II 2G Ex ib IIB T4 Gb	or					
	⟨E <sub>x</sub> ⟩	II 2G Ex ib IIC T4 Gb	or					
	⟨Ex⟩	II 2D Ex ib IIIC T60°CT135°C* Db	or					
	II 2G Ex ib IIC T4 Gb							
		II 2D Ex ib IIIC T60°CT135°C* Db						
8		nal Information:						
	The manufacturer's Quality System in accordance with module D is under the supervision of Notified Body no. 1383, Czech Metrology Institute (NAWI Directive).							
	The manufacturer's Quality System is under the supervision of Notified Body no. 1453, Główny Instytut							
	Górnictwa (ATEX Directive).							

Signed	C			1 1	10	
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Signed for and on behalf of: The Managing Director of RADWAG WAGI ELEKTRONICZNE – Dr. Witold Lewandowski

Radom 08.02.2018	
Place and date of issue	
Jacek Pilecki, Manager of Quality Control Department	1. Medi
Name, Position	Signature