## CE DECLARATION OF CONFORMITY / DÉCLARATION CE DE CONFORMITÉ (MDD)

QUALITY SYSTEM FORM: FM-CP03-007b

**REVISION LEVEL: G** 



Ind	er sole responsibility,	the undersigned hereb	y certify	y that the medical	device(s)	described	hereinafter as
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Product Name/Designation: Invacare\* HomeFill\* II Compressor GMDN Code(s): 61605

Model(s)/Code(s): IOH200AW

Basic UDI-DI: 08414471HomeFill2WB

with the following locations;

Manufacturer Invacare Corporation

EU Representative:

Invacare GmbH

Address: One Invacare Way

Address:

Am Achener Hof 8

City, State, Province: Elyria, OH 44035

City, State, Province:

88316 Isny

Country: United States of America

Country:

Germany

is (are) in conformity with;

Medical Device Directive 93/42/EEC - Annex V as classification IIa using Annex IX - Rule 11,

Article 4 of the RoHS Directive 2011/65/EU of the European Parliament and the Council of 8 June 2011 for restriction of the use of certain hazardous substances in electrical and electronic equipment,

the following harmonized standard(s),

EN 1041:2013

ISO 10993-10:2010

ISO 15001:2010

IEC 60601-1-2:2014

IEC 62304:2006

ISO 10993-1:2009

ISO 10993-11:2010

ISO 15223-1:2016

IEC 60601-1-6:2010

IEC 62366-1:2015

ISO 10993-5:2009

EN ISO 14971:2012

IEC 60601-1-11:2015

IEC 60601-1: IEC 60601-1:2005+AMD1:2012

and using a quality management system certified to ISO 13485: 2016 by SGS United Kingdom Ltd., Systems and Certification, Rossmore Business Park, Ellesmere Port, Cheshire, CH65 3EN, UK, Certificate Number: US97/10267,

Medical Device Directive 93/42/EEC monitoring and supervision by SGS Belgium NV., SGS House Noorderlaan, 87 2030, Antwerp, Belgium, as Notified Body 1639, Certificate Number: US19/819943504

## Engineering Representative Name: William Daniels Signature: Call Daniels Date: 7/21/22 Site Quality Representative Name: Donald Beatty Signature: See Attached Date: 7/21/2022 Regulatory Affairs Representative Name: Tyler Krueger Signature: Date: 7/21/2022

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## CE DECLARATION OF CONFORMITY / DÉCLARATION CE DE CONFORMITÉ (MDD)

QUALITY SYSTEM FORM: FM-CP03-007b

**REVISION LEVEL:** G



Under sole responsibility, the undersigned here	by certify that the m	nedical device(s) described	d hereinafter as;
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Product Name/Designation:	Invacare® HomeFill® I	l Compressor	GMDN Code(s):	61605	
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Model(s)/Code(s): IOH200AW

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City, State, Province:

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Country: United States of America

Country:

Germany

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Medical Device Directive 93/42/EEC - Annex V<sub>2</sub> as classification IIa\_using Annex IX - Rule 11<sub>2</sub>

Article 4 of the RoHS Directive 2011/65/EU of the European Parliament and the Council of 8 June 2011 for restriction of the use of certain hazardous substances in electrical and electronic equipment,

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Medical Device Directive 93/42/EEC monitoring and supervision by SGS Belgium NV., SGS House Noorderlaan, 87 2030, Antwerp, Belgium, as Notified Body 1639, Certificate Number: US19/819943504

## **Engineering Representative**

Name:	William Daniels	Signature:	Management of the Control of the Con	Date:
Site Qua	ality Representative		O M H	, ,
Name:	Donald Beatty	Signature:	Doold Deally	Date: 07/21/2022
Regulat	ory Affairs Representative			
Name:	Tyler Krueger	Signature:	- Hall to	Date: 7/21/2022

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