

Capacity Survey MDR Transition



Company Name _____

Ref.-No. location _____

We are planning without obligation as follows:

- ☐ Option 1: Take maximum advantage from extended deadlines
 - ☐ We apply for new Products under MDD 93/42/EEC
 - ☐ We apply for significant Changes under MDD 93/42/EEC
 - ☐ We apply for Recertification under MDD 93/42/EEC
- ☐ Option 2: Transition to MDR 2017/745 at earliest convenience

lfd. No.	Risk class	Aktive / Non-active	Code (4-digits)	No. of Technical Files	Dispatch Date (ww/yy)
1	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
2	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
3	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
4	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
5	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
6	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____
7	<input type="checkbox"/> Class Ir,m,s <input type="checkbox"/> Class IIa <input type="checkbox"/> Class IIb <input type="checkbox"/> Class IIbimp., III	<input type="checkbox"/> MDA <input type="checkbox"/> MDN			<input type="checkbox"/> 01.08.2020 <input type="checkbox"/> _____

Surname, Name _____

Signature _____

Date _____