



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Notification of deficiencies – e-cigarettes and refill containers

Manufacturers, importers, or distributors of e-cigarettes and refill containers can use this form when you notify the Public Health Agency of Sweden of an e-cigarette or refill container that is not safe, not of good quality or otherwise not in conformity with the Act on Tobacco and Similar Products or issued rules.

Legal requirements

According to Chapter 2 Section 11 of the Act (2018:2088) on Tobacco and Similar Products, a manufacturer, importer or distributor of e-cigarettes and refill containers who considers, or has reason to believe, that an e-cigarette or refill container is not safe, not of good quality or otherwise not in conformity with the Act on Tobacco and Similar Products or issued rules, must immediately:

1. take the corrective action necessary to bring the concerned product into conformity with the Act on Tobacco and Similar Products,
2. withdraw the product, or
3. recall it.

When one of the above corrective actions is taken the manufacturer, importer or distributor are required to immediately notify the Public Health Agency of Sweden about the details of the deficiencies, the corrective action taken and the results of such corrective action.

Processing of personal data

If applicable, the Public Health Agency of Sweden stores and processes personal data when processing a notification in accordance with Chapter 2 Section 11 of the Act on Tobacco and Similar Products. The legal ground is Article 6.1 (e) General Data Protection Regulation (GDPR). Our website contains more information about how we process your personal data and the rights you have as an individual:

[How the Public Health Agency of Sweden processes personal data](#)

Processor

Company: Folkhälsomyndigheten
Company registration number: 202100-6545
Postal address: Folkhälsomyndigheten, SE-171 82 Solna, Sweden
Phone: +46 (0)10-205 20 00
E-mail address: info@folkhalsomyndigheten.se

Information about the manufacturer, importer or distributor

Please state if you are a manufacturer, importer or a distributor as well as your company details.

Manufacturer

Importer

Distributor

Registered Name

VAT Number (if applicable)

Postal Address (name, postal address, postal code or zip, town/city and country)

E-mail Address

If you are a distributor of the product, please provide the contact details of either the company that manufactured the product or the company that imported the product.

Manufacturer

Importer

Registered Name

VAT Number (if applicable)

Postal Address (name, postal address, postal code or zip, town/city and country)

E-mail Address

Description of the product

Brand and Sub Brand Name

Product Type

Describe the product's deficiencies

Describe the deficiencies associated with the product. If applicable, attach pictures and documentation that further describes and clarifies the deficiencies and the corrective action taken.

Describe why the product is not safe

Describe why the product is not of good quality

Describe why the product is not in conformity with the Act on Tobacco and Similar Products or issued rules

Describe the corrective action taken

Describe the corrective action taken that were necessary to bring the product into conformity with the Act on Tobacco and Similar Products, or for the product to be withdrawn or recalled.

Describe the results of the corrective action taken

Signature

Date

Name

Please submit the form to info@folkhalsomyndigheten.se