



Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Form – Notification of deficiencies

Notification type

Notification of e-cigarettes and refill containers that are not safe, are not of good quality, or are otherwise not in conformity with the Act on Tobacco and Similar Products.

Legal requirements

A manufacturer, importer, or distributor of e-cigarettes and refill containers who consider or has reason to believe that a product is not safe, or is not of good quality, or otherwise not in conformity with the Act on Tobacco and Similar Products or issued rules, must immediately:

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

If a corrective action is taken, the manufacturer, importer or distributor are also required to immediately inform the Public Health Agency of Sweden about the details of the products deficiencies and of the corrective action taken, and of the results of such corrective action. This applies under Chapter 2 Section 11 of the Act (2018:2088) on Tobacco and Similar Products.

If you have any questions, please send them to info@folkhalsomyndigheten.se

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 (2018:2088) 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

Manufacturer, importer or distributor details

Please state if you are a manufacturer, importer or a distributor:

Manufacturer **Importer** **Distributor**

Registered Name

VAT Number (Enter if applicable)

Postal address

Postal code (or Zip), Town/City

Country

E-mail address

Contact details of the company that manufactured or imported the product

(Enter if you are not the manufacturer or importer of the product)

Manufacturer *Importer*

Registered Name

VAT Number (Enter if applicable)

Postal address

Postal code (or Zip), Town/City

E-mail address

Country

Description of the product

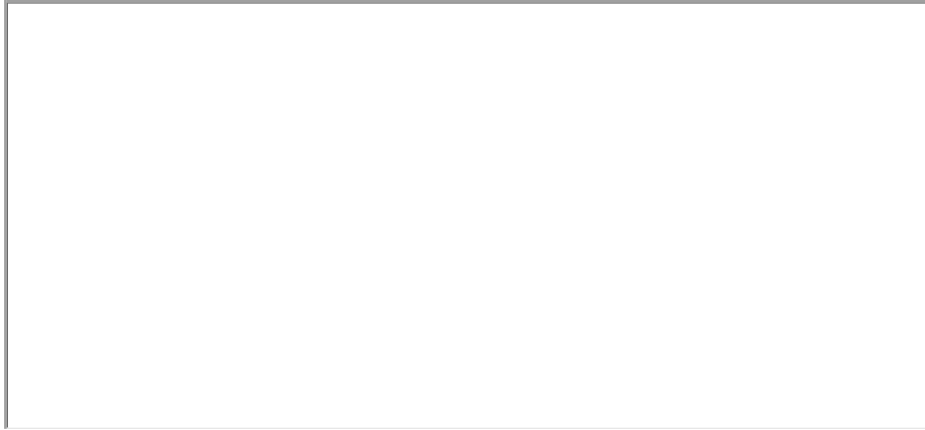
Type of product (Enter type of product)

Brand name (Enter the products brand name etc.)

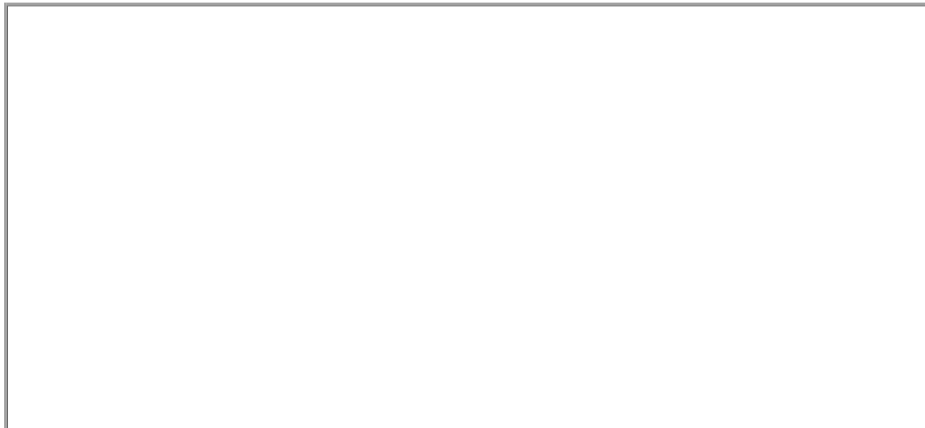
Describe the product's deficiencies

Describe the deficiencies associated with the product. If applicable, attach pictures and documentation that describes the deficiencies.

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