Annex

**TO WHOM IT MAY CONCERN**

**[Template] RESPONSE TO EDA RFI PRELIMINARY MARKET CONSULTATION ON “COLLABORATIVE PROCUREMENT OF CBRN EQUIPMENT” (CPoCBRN)**

**Economic Operator** Name: …………………………….

Postal address: ……………………………..

Point Of Contact (POC) Name …………………………………

email ………………………………

Phone no. …………………..

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| **No** | **Question** | **Response** | | |
| CBRN protective mask (mask, carrier bag for the mask) | CBRN protective filter | CBRN protective suit (jacket, trousers, over boots, gloves, under gloves, carrier bag for the suit) |
| 1 | Financial capacity (average turnover [EUR] over the past three years) | <indicate your average turnover [EUR] over the past three (3) years> | | |
| 2 | Experience in supplying the CBRN Individual Protective Equipment (IPE) over the past five (5) years | <list the CBRN protective masks you have successfully supplied over the past five (5) years:  Product 1:   * Product(s) identification (type/name & abbreviation if applicable * NATO Stock Number (NSN) * Quantities delivered   Product 2:   * ...   > | <list the CBRN protective filters you have successfully supplied over the past five (5) years:  Product 1:   * Product(s) identification (type/name & abbreviation if applicable * NATO Stock Number (NSN) * Quantities delivered   Product 2:   * ...   > | <list the CBRN protective suits you have successfully supplied over the past five (5) years:  Product 1:   * Product(s) identification (type/name & abbreviation if applicable * NATO Stock Number (NSN) * Quantities delivered   Product 2:   * ...   > |
| 3 | Availability of technical equipment, tools, facilities and/or technical bodies available to ensure qualification of concerned suppliers in accordance with relevant standards (NATO, ...) | <list the technical equipment, tools, facilities and/or technical bodies available to ensure qualification of CBRN protective masks> | < list the technical equipment, tools, facilities and/or technical bodies available to ensure qualification of CBRN protective filters> | <list the technical equipment, tools, facilities and/or technical bodies available to ensure qualification of CBRN protective suits> |
| 4 | What is the shelf life [years] that you can offer per type of CBRN Individual Protective Equipment.  “*Shelf life: time a CBRN IPE can be stored without deteriorating prior to use when stored in accordance with the information supplied by its manufacturer”* | <specify the shelf life that you can offer for CBRN protective masks [years]> | <specify the shelf life that you can offer for CBRN protective filters [years]> | <specify the shelf life that you can offer for CBRN protective suits [years]> |
| 5 | Outline your capacity to provide training for the CBRN IPE, if any | <outline your capacity to provide training for CBRN protective masks> | <outline your capacity to provide training for CBRN protective filters> | <outline your capacity to provide training for CBRN protective suits> |
| 6 | Please, provide any additional remarks or comments you deem appropriate for the purpose of this RFI | <provide any additional remarks for CBRN protective masks> | <provide any additional remarks for CBRN protective filters> | <provide any additional remarks for CBRN protective suits> |

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| **Date of signature** | **Name and title/position** | **Signature** |
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