

Department of Health and Human Services Food and Drug Administration

This report and the Summary Report Table are to be completed by the applicant when submitting a 510(k) that references a national or international standard. A separate report is required for each standard referenced in the 510(k).

TYPE OF 510(K) SUBMISSION

Traditional Special Abbreviated

STANDARD TITLE

American National Standard Method for the Measurement of Real-Ear Protection of Hearing Protectors and Physical Attenuation of Earmuffs

Please answer the following questions	Yes	No
Is this standard recognized by FDA?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FDA Recognition number	# _____	
Was a third party laboratory responsible for testing conformity of the device to this standard identified in the 510(k)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is a summary report describing the extent of conformance of the standard used included in the 510(k)? If no, complete a summary report table.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the test data for this device demonstrate conformity to the requirements of this standard as it pertains to this device?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does this standard include acceptance criteria? If no, include the results of testing in the 510(k).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does this standard include more than one option or selection of tests..... If yes, report options selected in the summary report table.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there any deviations or adaptations made in the use of the standard?..... If yes, were deviations in accordance with the FDA supplemental information sheet (SIS).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were deviations or adaptations made beyond what is specified in the FDA SIS?..... If yes, report these deviations or adaptations in the summary report table.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were there any exclusions from the standard? If yes, report these exclusions in the summary report table.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there an FDA guidance that is associated with this standard?..... If yes, was the guidance document followed in preparation of this 510k?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Title of guidance: _____		

¹ The formatting convention for the title is: [SDO] [numeric identifier] [title of standard] [date of publication]

² Authority [21 U.S.C. 360d], <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standard/default.htm>

³ <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/search.cfm>

⁴ The summary report should include: any adaptations used to adapt to the device under review (for example, alternative test methods); choices made when options or a selection of methods are described; deviations from the standard; requirements not applicable to the device; and the name and address of the test laboratory or certification body involved in conformance assessment to this standard. The summary report includes information on all standards utilized during the development of the device.

⁵ The supplemental information sheet (SIS) is additional information which is necessary before FDA recognizes the standard. Found at <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/search.cfm>

⁶ The online search for CDRH Guidance Documents can be found at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/default.htm>

**EXTENT OF STANDARD CONFORMANCE
SUMMARY REPORT TABLE**

STANDARD TITLE

CONFORMANCE WITH STANDARD SECTIONS*

SECTION NUMBER	SECTION TITLE	CONFORMANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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TYPE OF DEVIATION OR OPTION SELECTED ♦

DESCRIPTION

JUSTIFICATION

SECTION NUMBER	SECTION TITLE	CONFORMANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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TYPE OF DEVIATION OR OPTION SELECTED ♦

DESCRIPTION

JUSTIFICATION

SECTION NUMBER	SECTION TITLE	CONFORMANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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TYPE OF DEVIATION OR OPTION SELECTED ♦

DESCRIPTION

JUSTIFICATION

* For completeness list all sections of the standard and indicate whether conformance is met. If a section is not applicable (N/A) an explanation is needed under "justification." Some standards include options, so similar to deviations, the option chosen needs to be described and adequately justified as appropriate for the subject device. Explanation of all deviations or description of options selected when following a standard is required under "type of deviation or option selected," "description" and "justification" on the report. More than one page may be necessary.

♦ Types of deviations can include an exclusion of a section in the standard, a deviation brought out by the FDA supplemental information sheet (SIS), a deviation to adapt the standard to the device, or any adaptation of a section.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration Office of
Chief Information Officer Paperwork
Reduction Act (PRA) Staff

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."