APPENDIX GG  
ADOPTION PROPOSAL FORM

**STA/SDV/OP/04/F1**

**KENYA BUREAU OF STANDARDS**

|  |  |  |
| --- | --- | --- |
| **Document Type:** | **Adoption proposal** | |
| **Dates:** | Circulation date | Closing date |
| 23-08-2019 | 22-09-2019 |
| **TC Secretary** | **This form shall be filled, signed and returned to Kenya Bureau of Standards for the attention of Oyoo T.O.** | |

The Kenya Bureau of Standards intends to adopt the International Standards as detailed here below .............................................................................................................................................

**Number.** ISO 11193-1:2008........................................................................................................................................

**Title.** Single-use medical examination gloves - Part 1: Specification for gloves made from rubber latex or rubber solution.

**Scope.** ISO 11193-1:2008 specifies requirements for packaged sterile, or bulked non-sterile, rubber gloves intended for use in medical examinations and diagnostic or therapeutic procedures to protect the patient and the user from cross-contamination. It also covers rubber gloves intended for use in handling contaminated medical materials and gloves with smooth surfaces or with textured surfaces over all or part of the glove.

This part of ISO 11193 is intended as a reference for the performance and safety of rubber examination gloves. It does not cover the safe and proper usage of examination gloves and sterilization procedures with subsequent handling, packaging and storage procedures.

We are therefore seeking views from potential users in respect of the same. The Standard is available at the Kenya Bureau of Standards Information Centre. Please tick and fill your preference of the listed option. (If the spaces provided are not enough, please attach a separate sheet of paper).

Adoption acceptable as presented

...............................................................................................................................

...............................................................................................................................

Adoption proposal not acceptable because of the reason(s) below

...............................................................................................................................

...............................................................................................................................

Our Recommendations are as follows

...............................................................................................................................

...............................................................................................................................

Name and Signature (of respondent): ................................................

Position (of respondent): .....................................

On behalf of ......................................................................................... (Name of organization)

Date .........................................................................

**NOTE:** Absence of any reply or comments shall be deemed to be an acceptance of the proposal for adoption and **shall constitute an approval vote**.