**RSS-102 Annex A – RF Technical Brief Cover Sheet**

The worst-case SAR, RF Exposure and/or Nerve Stimulation values applicable to the test device are to be reported in the sections below.

All fields must be completed with the requested information or the following codes:

N/A for Not Applicable, N/P for Not Performed or N/V for Not Available.

Where applicable, check appropriate box

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant/Product Information** | | | |
| Company Number: |  | IC Certification Number: |  |
| PMN: |  | HMN: |  |
| HVIN: |  | FVIN: |  |
| Applicant: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAR: Vicinity of Human Head Device** | | **SAR Test Lab:** | |  |
| Multiple Transmitter: | Yes /  No |  | Duty Cycle: | % |
| Exposure Limits Used: | General Public Use /  Controlled Use |  | Compliance Distance: | mm |
| SAR Value: | W/kg  Measured /  Calculated /  Computed | | | |

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| **SAR: Body Worn or Body Supported Device** | | **SAR Test Lab:** | |  |
| Multiple Transmitter: | Yes /  No |  | Duty Cycle: | % |
| Exposure Limits Used: | General Public Use /  Controlled Use |  | Compliance Distance: | mm |
| SAR Value: | W/kg  Measured /  Calculated /  Computed | | | |

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| **SAR: Limb-Worn Device** | | **SAR Test Lab:** | |  |
| Multiple Transmitter: | Yes /  No |  | Duty Cycle: | % |
| Exposure Limits Used: | General Public Use /  Controlled Use |  | Compliance Distance: | mm |
| SAR Value: | W/kg  Measured /  Calculated /  Computed | | | |

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| **RF Exposure Evaluation Information** | | | | **RF Exposure Test Lab:** | |  |
| Exposure Limits Used: | General Public Use /  Controlled Use | | |  | Duty Cycle: | % |
| RF Field Strength Value: |  | V/m  A/m  W/m2 | Measured  Calculated  Computed |  | Compliance Distance: | m |

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| --- | --- | --- | --- | --- |
| **Nerve Stimulation Exposure Information** | | **NS Test Lab:** | |  |
| Exposure Limits Used: | General Public Use /  Controlled Use | |  |  |
| Electric Field Strength Value: | V/m (r.m.s.)  Measured /  Computed | | Compliance Distance: | m |
|  | Body/Torso/Head /  Leg /  Arm /  Hand/Foot | | | |
| Magnetic Field Strength Value: | A/m (r.m.s.)  Measured /  Computed | | Compliance Distance: | m |
|  | Body/Torso/Head /  Leg /  Arm /  Hand/Foot | | | |

**RSS-102 Annex B – Declaration of RF Exposure Compliance**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATTESTATION:** I attest that the information provided in Annex A is correct; that the Technical Brief was prepared and the information contained therein is correct; that the device evaluation was performed or supervised by me; that applicable measurement methods and evaluation methodologies have been followed; and that the device meets the SAR and/or RF field strength limits of RSS-102. | | | | | | | | | | |
| Signature: | | |  | | | |  | Date: |  |  |
| Name: |  | | | | | | | | |  |
| Title: |  | | | | | | | | |  |
| Company Name: | | | | |  | | | | |  |
| PMN: |  | | | | | | | | |  |
| HVIN: | |  | | | | | | | |  |
| FVIN (if any): | | | |  | | | | | |  |
| HMN (if any): | | | |  | | | | | |  |
| IC Certification Number: | | | | | |  | | | |  |
|  | | | | | | | | | | |

**RSS-102 Annex C – Declaration of RF Exposure Compliance for Exemption from Routine Evaluation Limits**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATTESTATION:** I attest that the radiocommunication apparatus meets the exemption from the routine evaluation limits in Section 2.5 of this standard; that the Technical Brief was prepared and the information contained therein is correct; that the device evaluation was performed or supervised by me; that applicable measurement methods and evaluation methodologies have been followed; and that the device meets the SAR and/or RF field strength limits of RSS-102. | | | | | | | | | | |
| Signature: | | |  | | | |  | Date: |  |  |
| Name: |  | | | | | | | | |  |
| Title: |  | | | | | | | | |  |
| Company Name: | | | | |  | | | | |  |
| PMN: |  | | | | | | | | |  |
| HVIN: | |  | | | | | | | |  |
| FVIN (if any): | | | |  | | | | | |  |
| HMN (if any): | | | |  | | | | | |  |
| IC Certification Number: | | | | | |  | | | |  |
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**Note:** The submission of Annex C is only required if the device meets the exemption limits for the routine evaluation in Section 2.5 of RSS-102.