

Annex A2 – RF Exposure Evaluation and NS Technical Brief Cover Sheet

The worst case values of RF Exposure and/or Nerve Stimulation shall be reported in the sections below.
Must report values or enter the following codes: N/A, N/P for Not Performed or N/V for Not Available.
Where applicable, check appropriate box.

Applicant/Product Information			
Company Number:		ISED Certification #:	
PMN:		HMN:	
HVIN:		FVIN:	
Applicant:			

RF Exposure Evaluation Information		RF Exposure Evaluation Test Lab:	_____
Exposure Limits Used:	<input type="checkbox"/> General Public Use	<input type="checkbox"/> Controlled Use	
Duty Cycle:	_____ %	Compliance Distance:	_____ Meters(s)
RF Field Strength Value: _____	<input type="checkbox"/> V/m	<input type="checkbox"/> Measured	
	<input type="checkbox"/> A/m	<input type="checkbox"/> Calculated	
	<input type="checkbox"/> W/m ²	<input type="checkbox"/> Computed	

Nerve Stimulation Exposure Information		NS Test Lab:	_____
Exposure Limits Used:	<input type="checkbox"/> General Public Use	<input type="checkbox"/> Controlled Use	
<input type="checkbox"/> Body/Torso/Head	<input type="checkbox"/> Leg	<input type="checkbox"/> Arm	<input type="checkbox"/> Hand/Foot
Compliance Distance:	_____	Meter(s)	
Electric FS: _____	V/m (r.m.s.)	<input type="checkbox"/> Measured	<input type="checkbox"/> Computed
Magnetic FS: _____	A/m (r.m.s.)	<input type="checkbox"/> Measured	<input type="checkbox"/> Computed

Declaration of RF Exposure Compliance
ATTESTATION: I attest that the information provided in Annex A2 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 RF Exposure Evaluation and/or Nerve Stimulation limits of RSS-102.
Signature: _____
Date: _____
Name: _____
Title: _____

This form may be provided with the online application submission in lieu of Annex A & B in RSS-102.