

## Annex A Technical brief cover sheet on human RF exposure

The worst-case values of APD, IPD, SAR, NS and/or FRS shall be reported in the sections below.  
Values or the following codes must be reported: N/A for not applicable, N/P for Not Performed or N/V for Not Available.

Product Information			
HVIN:		ISED Certification Number:	
PMN:		# of Transmitters:	
HMN:		General Public/Control Use Limits:	
FVIN:			

	APD Reported Value:				IPD			
Test Lab:								
Exposure Condition	Head	Body	Limb	Hotspot	Head	Body	Limb	Hotspot
Compliance Distance (mm)								
APD or IPD Value (W/m <sup>2</sup> )								
pAPD or pIPD Value (W/m <sup>2</sup> )								
Measured or Simulated								

	SAR				NS				FRL
Test Lab:									
Exposure Condition	Head	Body	Limb	Hotspot	Body/ Torso/ Head	Leg	Arm	Hand/ Foot	FRL
SAR Value (W/kg)									
Power Density (W/m <sup>2</sup> )									
Electric FS (V/m)									
Int. Elect FS Basic Restriction (V/m)									
Magnetic FS (A/m)									
Compliance Distance (mm)									
Measured or Simulated									
Measured or Calculated									

Agreement Signature			
ATTESTATION: I attest that the information in this Annex 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 applicable RF exposure limits set forth in RSS-102.			
Applicant/Agent Name:		Applicant/Agent Title:	
Applicant/Agent Signature:		Signature Date:	