**RSS-102 Annex A**

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| **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.** | | | | | | | | | |
|  | **COMPANY NUMBER:** | | | |  | | | | |
|  | **PRODUCT MARKETING NAME (PMN):** | | | |  | | | | |
|  | **HARDWARE VERSION IDENTIFICATION NO. (HVIN):** | | | |  | | | | |
|  | **FIRMWARE VERSION IDENTIFICATION NO. (FVIN):** | | | |  | | | | |
|  | **HOST MARKETING NAME (HMN):** | | | |  | | | | |
|  | **IC CERTIFICATION NUMBER:** | | | |  | | | | |
|  | **APPLICANT:** | | | |  | | | | |
|  | **SAR/RF EXPOSURE TEST LABORATORY:** | | | |  | | | | |
|  | **TYPE OF EVALUATION: (Complete the applicable sections: (a) SAR Evaluation: Device Used in the Vicinity of the Human Head; (b) SAR Evaluation: Body-Worn Device/Body-Supported Device; (c) SAR Evaluation: Limb-Worn Device; (d) RF Exposure Evaluation.)**  **Note: The worst-case scenario (i.e. highest measured value obtained) shall be reported.** | | | | | | | | |
| **(a)** | **SAR Evaluation: Device Used in the Vicinity of the Human Head** | | | | | | | | |
|  | Multiple transmitters: | | Yes | No | | |  | |  |
|  | Evaluated against exposure limits: | | **-** General Public Use | | | | **-** Controlled Use | | |
|  | Duty cycle used in evaluation: | |  | | | | | | |
|  | Standard used for evaluation: | |  | | | | | | |
|  | SAR value: | W/Kg | **-** Measured | | | **-** Computed | | **-** Calculated | |
| **(b)** | **SAR Evaluation: Body-Worn Device** | | | | | | | | |
|  | Multiple transmitters: | | Yes | No | | |  | |  |
|  | Evaluated against exposure limits: | | **-** General Public Use | | | | **-** Controlled Use | | |
|  | Duty cycle used in evaluation: | |  | | | | | | |
|  | Standard used for evaluation: | |  | | | | | | |
|  | SAR value: | W/Kg | **-** Measured | | | **-** Computed | | **-** Calculated | |
| **(c)** | **SAR Evaluation: Limb-Worn Device** | | | | | | | | |
|  | Multiple transmitters: | | Yes | No | | |  | |  |
|  | Evaluated against exposure limits: | | **-** General Public Use | | | | **-** Controlled Use | | |
|  | Duty cycle used in evaluation: | |  | | | | | | |
|  | Standard used for evaluation: | |  | | | | | | |
|  | SAR value: | W/Kg | - Measured | | | - Computed | | - Calculated | |
| **(d)** | **RF Exposure Evaluation** | | | | | | | | |
|  | Evaluated against exposure limits: | | -General Public Use | | | | - Controlled Use | | |
|  | Duty cycle used in evaluation: | | % | | | | | | |
|  | Standard used for evaluation: | |  | | | | | | |
|  | Measurement distance: | | m | | | | | | |
|  | RF field strength value:  Measured Computed Calculated | | V/m | | | A/m | | W/m2 | |

**RSS-102 Annex B**

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| **ATTESTATION:**  I attest:   1. that the information provided in Annex A is correct; 2. that the device evaluation was performed or supervised by me; 3. that applicable measurement methods and evaluation methodologies have been followed; 4. and that the device meets the SAR and/or RF exposure limits of RSS-102.   Signature: |

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| **NAME:** |  | **TITLE:** |  |
| **COMPANY:** |  | **DATE:** | June 29, 2020 |