

Annex A1 – SAR and LPD technical brief cover sheet

The worst-case values of specific absorption rate (SAR), absorbed power density (APD) [only for SPR-APD] and incident power density (IPD) [only for SPR-003] shall be reported in the sections below.

Must report values or enter the following codes: N/A for not applicable, N/P for not performed or N/V for not available. Check appropriate box where applicable.

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

SAR: Vicinity of Human Head Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Computed	
SAR: Body Worn or Body Supported Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Computed	
SAR: Limb-Worn Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Computed	

APD: Vicinity of Human Head Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
PD Value:	_____ W/m ² <input type="checkbox"/> Measured <input type="checkbox"/> Computed	
APD: Body Worn or Body Supported Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
PD Value:	_____ W/m ² <input type="checkbox"/> Measured <input type="checkbox"/> Computed	
APD: Limb-Worn Device		Test Lab: _____
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle: _____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.: _____ mm
PD Value:	_____ W/m ² <input type="checkbox"/> Measured <input type="checkbox"/> Computed	

IPD: Vicinity of Human Head Device		Test Lab: _____	
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
psPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed
pPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed
IPD: Body Worn or Body Supported Device			
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
psPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed
pPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed
IPD: Limb-Worn Device			
Multiple Transmitters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
psPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed
pPD Value*:	_____ W/m ² <input type="checkbox"/> Measured		<input type="checkbox"/> Computed

*Both psPD and pPD are defined in [section 4 of SPR-003](#).

Declaration of RF Exposure Compliance	
ATTESTATION: I attest that, Annex A1 and the Technical Brief information was prepared by me and is correct; that the device evaluation was performed or supervised by me; that applicable measurement and evaluation methodologies have been followed; and that the device meets the SAR and/or LPD limits of RSS-102.	
Signature: _____	
Date: _____	
Name: _____	
Title: _____	

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