

RF Technical Brief Cover Sheet

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.

1. **COMPANY NUMBER:** 3434A
2. **MODEL NUMBER:** CSI 2140
3. **MANUFACTURER:** Computational Systems Inc.
4. **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; (c) RF Evaluation)

Note: The worst-case scenario (i.e. highest measured value obtained) should 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: 100%
- Standard used for evaluation: **RSS-102 and IEC62209-2**
- SAR value: 0.692 W/kg. Measured ☒ Computed ☐ Calculated ☐

(c) RF Evaluation

- Evaluated against exposure limits: General Public Use ☒ Controlled Use ☐
- Duty cycle used in evaluation: %
- Standard used for evaluation:
- Measurement distance: m
- RF value: V/m ☐ A/m ☐ W/m² ☒

Measured ☐ **Computed** ☒ **Calculated** ☐