



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: | AMZ-B6080B | ISED Certification #: | 30577-B0D46JP795 |
| PMN: | Hybrid Active Noise Cancelling Headphones | # of Transmitters: | Single |
| HMN: | N/A | General Public/Control Use Limits: | General Public |
| FVIN: | N/A | | |

| APD Reported Value: Choose an item. | | | | | IPD | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Test Lab: | | | | | | | | |
| Exposure Condition | Head | Body | Limb | Hospot | Head | Body | Limb | Hospot |
| Compliance Distance (mm) | | | | | | | | |
| APD or IPD Value (W/m ²) | | | | | | | | |
| pAPD or pIPD Value (W/m ²) | | | | | | | | |
| Measured or Simulated | Choose an | Choose an | Choose an | Choose an | Choose an | Choose an | Choose an | Choose an |

| | SAR | | | | NS | | | | FRL |
|---------------------------------------|----------|-----------|-----------|-----------|-------------------------|--------|--------|---------------|-----------|
| Test Lab: | | | | | | | | | |
| Exposure Condition | Head | Body | Limb | Hospot | Body/ Torso/ Head | Leg | Arm | Hand/ Foot | FRL |
| SAR Value (W/kg) | 0.12 | | | | | | | | |
| Power Density (W/m ²) | | | | | | | | | |
| Electric FS (V/m) | | | | | | | | | |
| Int. Elect FS Basic Restriction (V/m) | | | | | | | | | |
| Magnetic FS (A/m) | | | | | | | | | |
| Compliance Distance (mm) | 0 | | | | | | | | |
| Measured or Simulated | Measured | Choose an | Choose an | Choose an | Choose | Choose | Choose | Choose | |
| Measured or Calculated | | | | | | | | | Choose an |

| 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. | |
| Signature: | |
| Date: | 2024-10-17 |
| Name: | Damon Hu |
| Title: | Manager |