

Report No. SC1010487A-01-02

# EMC - TEST REPORT

## EUROPEAN STANDARD EN 60601-1-2: 2007 and IEC 60601-1-2: 2007

Test Report File No. : SC1010487A-01-02 Date of Issue: 13 January 2011

Model / Serial No. : MODEL: X10 / S/N: 101000003

Product Type : B-ALERT SYSTEM

Configuration Test Mode : PATIENT MODE

Applicant : ADVANCED BRAIN MONITORING SYSTEMS

Manufacturer : ADVANCED BRAIN MONITORING SYSTEMS

License holder : ADVANCED BRAIN MONITORING SYSTEMS

Address : 2850 Pio Pico Drive, Suite A  
: Carlsbad, CA 92008 – USA

Test Result : ☒ **Positive** ☐ **Negative**

Test Project Number : SC1010487A

Total pages - Test Report : 48

*This TÜV SÜD America, Inc. report results apply only to the specific sample tested under the stated test conditions agreed upon by the client, prior to testing. Production compliance is the responsibility of the client. TÜV SÜD America, Inc. shall have no liability for deductions, inferences or generalizations drawn from this report by the client or others. This report shall only be reproduced in its entirety.*

*The client shall not use this report to claim product endorsement by NVLAP, NIST, or any agency of the U.S. Government.  
(TÜV SÜD America, Inc.'s (San Diego, California) NVLAP Lab Code: 100268-0.)*

## DIRECTORY Test Report

	<b>Pages</b>
Test Report:	1 – 48
Directory	2
Test Regulations	3
General Remarks and Summary	17
Equipment:	
Conducted Emissions	5
Radiated Emissions	6
Current Harmonics Tests	7
Voltage Fluctuation and Flicker Test	8
Electrostatic Discharge	9
Radiated Electromagnetic Fields	10
Fast Transients (Burst)	11
Surge Transients	12
Conducted Disturbance	13
Power Frequency Magnetic Field	14
Voltage Dips, Interruptions and Variations	15

### Technical Documentation

Test Data Sheets and Test Setup Drawing(s)	18
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### Appendices

<b>Appendix A</b> - Test Setups (Photographs)	31
<b>Appendix B</b> - Product Information Form(s)	40
<b>Appendix C</b> - Change History	47
<b>Appendix D</b> - Supplemental Information	48

Report No. SC1010487A-01-02

## TEST REGULATIONS:

The tests were performed according to the following regulations:

-----  
☒ - IEC 60601-1-2: 2007      ☒ - EN 60601-1-2: 2007  
-----

☒ - CISPR 11: 2009      ☐ - Class A      ☒ - Class B  
☒ - EN 55011: 2007; Amendment A2: 2007      ☐ - Class A      ☒ - Class B

☐ - EN 61000-3-2: 2006  
☐ - IEC 61000-3-2: 2005; Amendment 1, 2008

☐ - EN 61000-3-3: 1995, Amendment 2: 2006  
☐ - IEC 61000-3-3: 2008

<input checked="" type="checkbox"/> - IEC 61000-4-2: 2008	EN 61000-4-2: 1995; Amendment 2, 2001
<input checked="" type="checkbox"/> - IEC 61000-4-3: 2008	EN 61000-4-3: 2006, Amendment 1, 2008
<input type="checkbox"/> - IEC 61000-4-4: 2007	EN 61000-4-4: 2004
<input type="checkbox"/> - IEC 61000-4-5: 2005	EN 61000-4-5: 2006
<input type="checkbox"/> - IEC 61000-4-6: 2008	EN 61000-4-6: 2007
<input checked="" type="checkbox"/> - IEC 61000-4-8: 2001	EN 61000-4-8: 1993; Amendment 1, 2001
<input type="checkbox"/> - IEC 61000-4-11: 2004	EN 61000-4-11: 2004

**Note: Un-dark squares are not applicable**

Report No. SC1010487A-01-02

### Environmental Conditions In The Laboratory:

	<u>Actual</u>
Temperature	: 18 – 25 °C
Relative Humidity	: 42 – 55 %
Atmospheric Pressure	: 98.9 – 100.8 kPa

### Power Supply Utilized:

Power supply system : 3.7 VDC

### Symbol Definitions:

- - Applicable
- - Not Applicable

Report No. SC1010487A-01-02

**Test Conditions: CONDUCTED EMISSIONS (Interference Voltage)**

The **CONDUCTED EMISSIONS (Interference Voltage)** measurements were performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

**OPERATING MODE DESCRIPTION:**

**Remarks:** DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

## Test Conditions: RADIATED EMISSIONS (Electric Field)

The **RADIATED EMISSIONS (Electric Field)** measurements were performed in the following location at the San Diego Testing Facility:

☐ - Test not applicable

■ - SR6 (3 and 10 meter Semi-Anechoic Chamber), San Diego, CA  
(Date of listing June 21, 2010. Site Verification NSA)

Testing was performed at a test distance of:

■ - 10 meters

### Test Equipment Used:

Model No.:	Prop. No.:	Description:	Manufacturer:	Serial No./Version No.:
3142C	SA1033	Antenna, Bilog	EMCO	44556
ESMI	SA1043,44	EMI Test Receiver	Rhode & Schwarz	848926/003
PAM-0202	SA1016	Pre-Amplifier	PAM	187
ES-K1	--	Test Software	Rohde & Schwarz	1.60 Service Pack 2

### Result:

■ - Pass ☐ - Fail

**OPERATING MODE DESCRIPTION:** Patient Mode

**Remarks:** One year calibration cycle for all test equipment.

Report No. SC1010487A-01-02

**Test Conditions: CURRENT HARMONICS TEST**

The *CURRENT HARMONICS TEST* measurements were performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

**OPERATING MODE DESCRIPTION:**

**Remarks:** DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

**Test Conditions: VOLTAGE FLUCTUATION AND FLICKER TEST**

The *VOLTAGE FLUCTUATION AND FLICKER TEST* measurements were performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

**OPERATING MODE DESCRIPTION:**

**Remarks:** DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

## Test Conditions: ELECTROSTATIC DISCHARGE (ESD)

The immunity against *ELECTROSTATIC DISCHARGE (ESD)* was performed in the following location at the San Diego Testing Facility:

☐ - Test not applicable

■ - TR-1, Test Room, 20.5' x 17' x 9'

### Test Equipment Used:

Model No.:	Prop. No.:	Description:	Manufacturer:	Serial No./Version No.:
NSG435	6541	ESD Simulator System	Schaffner	751
HCP	--	Horizontal Coupling Plane	TÜV SÜD America	--
VCP	--	Vertical Coupling Plane	TÜV SÜD America	--
NSG435	--	Test Software	Schaffner	--

### Test Specification:

Discharge Voltage (Air):	<input checked="" type="checkbox"/> - ± 2 kV <input checked="" type="checkbox"/> - ± 4 kV	<input type="checkbox"/> - ± 6 kV <input checked="" type="checkbox"/> - ± 8 kV	<input type="checkbox"/> - ± 15 kV <input type="checkbox"/> - ± ____ kV
Discharge Voltage (Contact):	<input checked="" type="checkbox"/> - ± 2 kV <input type="checkbox"/> - ± 3 kV	<input checked="" type="checkbox"/> - ± 4 kV <input checked="" type="checkbox"/> - ± 6 kV	<input type="checkbox"/> - ± 8 kV <input type="checkbox"/> - ± ____ kV
Discharge Impedance:	<input checked="" type="checkbox"/> - 330 Ω / 150 pF		
Discharge Repetition Rate:	<input checked="" type="checkbox"/> - ≥ 1 sec.		
Number of Discharges:	<input checked="" type="checkbox"/> - 10 Positive		<input checked="" type="checkbox"/> - 10 Negative
Kind of Discharges:	Direct Discharge <input checked="" type="checkbox"/> - Air <input checked="" type="checkbox"/> - Contact	Indirect Discharge <input checked="" type="checkbox"/> - HCP <input checked="" type="checkbox"/> - VCP	
Polarity:	<input checked="" type="checkbox"/> - Positive		<input checked="" type="checkbox"/> - Negative
Location of Discharge:	<input checked="" type="checkbox"/> - See Data Record(s) <input type="checkbox"/> - Each location on the surface touchable by hand		

### Result:

<input checked="" type="checkbox"/> - Pass	<input type="checkbox"/> - Fail
<input checked="" type="checkbox"/> - No degradation of function	- Met Criterion A
<input type="checkbox"/> - Distortion of function	- Met Criterion B
<input type="checkbox"/> - Error of function	- Met Criterion C
<input type="checkbox"/> - Loss of function	- Unrecoverable Failure

**OPERATING MODE DESCRIPTION:** Patient Mode

**Remarks:**

Report No. SC1010487A-01-02

## Test Conditions: RADIATED ELECTROMAGNETIC FIELDS

The immunity against *RADIATED ELECTROMAGNETIC FIELDS* was performed in the following location at the San Diego Testing Facility:

☐ - Test not applicable

■ - SR-1, Shielded Room, 12' x 24' x 10', Metal, Compact Anechoic Chamber

### Test Equipment Used:

Model No.:	Prop No.:	Description:	Manufacturer:	Serial No./Version No.:
STLP9149	7535	Antenna, Log Periodic	Schwarzbeck	9149-022
AT5080M1	7508	Antenna, Log Periodic	Amplifier Research	0323556
FM 2000	6507	Isotropic Field Monitor	Amplifier Research	14677
FP 2000	6689	Isotropic Field Probe	Amplifier Research	14803
7005	7510	RF Power Amplifier	Ophir, 0.8 – 6GHz	1001
436A	6584	Power Meter	Hewlett Packard	1911A04722
8481A	6534	Power Sensor	Hewlett Packard	1926A27807
N5181A	7504	Signal Generator	Agilent	MY46240083
C3	--	Test Software	TÜV SÜD America	4.01.0 BUILD 0

### Test Specification:

Frequency Range:	<input type="checkbox"/> - 80 - 1000 MHz	<input checked="" type="checkbox"/> - 80 - 2500 MHz	<input type="checkbox"/> - 80 - 2700 MHz
Field Strength:	<input type="checkbox"/> - 1 V/m	<input checked="" type="checkbox"/> - 3 V/m	<input type="checkbox"/> - 10 V/m <input type="checkbox"/> - ____ V/m
Distance Antenna - EUT:	<input type="checkbox"/> - 1 m	<input checked="" type="checkbox"/> - 3 m	
Modulation:	<input checked="" type="checkbox"/> - AM: <input type="checkbox"/> - Un-Modulated <input checked="" type="checkbox"/> - Sine Wave:	<input type="checkbox"/> - FM: <input type="checkbox"/> - Pulse	<input checked="" type="checkbox"/> - 80 % <input checked="" type="checkbox"/> - 10 Hz ON/OFF    Duty Cycle: ____ %
Step:	<input type="checkbox"/> - 1 second dwell	<input checked="" type="checkbox"/> - 3 seconds dwell	<input checked="" type="checkbox"/> - 1%
Polarization of Antenna:	<input checked="" type="checkbox"/> - Horizontal	<input checked="" type="checkbox"/> - Vertical	

### Result:

<input checked="" type="checkbox"/> - Pass	<input type="checkbox"/> - Fail
<input checked="" type="checkbox"/> - No degradation of function	- Met Criterion A
<input type="checkbox"/> - Distortion of function	- Met Criterion B
<input type="checkbox"/> - Error of function	- Met Criterion C
<input type="checkbox"/> - Loss of function	- Unrecoverable Failure

**OPERATING MODE DESCRIPTION:** Patient Mode

**Remarks:**

Report No. SC1010487A-01-02

**Test Conditions: FAST TRANSIENTS (BURST)**

The immunity against *FAST TRANSIENTS (BURST)* was performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

**OPERATING MODE DESCRIPTION:**

**Remarks:** DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

## Test Conditions: SURGE TRANSIENTS

The immunity against *SURGE TRANSIENTS* was performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

### OPERATING MODE DESCRIPTION:

Remarks: DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

**Test Conditions: CONDUCTED DISTURBANCE**

The immunity against *CONDUCTED DISTURBANCE* was performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

**OPERATING MODE DESCRIPTION:**

**Remarks:** DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

## Test Conditions: POWER FREQUENCY MAGNETIC FIELD

The immunity against **POWER FREQUENCY MAGNETIC FIELD** was performed in the following location at the San Diego Testing Facility:

☐ - Test not applicable

■ - TR-2, Test Room, 16' x 10' x 9'

### Test Equipment Used:

Model No.:	Prop. No.:	Description:	Manufacturer:	Serial No./Version No.:
1C-1m	6543	Loop Injection Coil	TÜV SÜD America	N/A
1000-8	6525	Magnetic Field Generator	TÜV SÜD America	N/A

■ - Test requires no software.

### Test Specification:

Frequency Range:	■ - 50 Hz	■ - 60 Hz	<input type="checkbox"/> - 400 Hz
Field level (EMF):	<input type="checkbox"/> - 1 A/m <input type="checkbox"/> - 30 A/m	■ - 3 A/m <input type="checkbox"/> - 100 A/m	<input type="checkbox"/> - 10 A/m <input type="checkbox"/> - ____ A/m
Short Field (1-3 sec):	<input type="checkbox"/> - 300 A/m	<input type="checkbox"/> - 1000 A/m	<input type="checkbox"/> - ____ A/m
Duration:	■ - 60 seconds	<input type="checkbox"/> - ____ seconds	
Axis of Orientation:	■ - X-axis	■ - Y-axis	■ - Z-axis

### Result:

■ - Pass	<input type="checkbox"/> - Fail
■ - No degradation of function	- Met Criterion A
<input type="checkbox"/> - Distortion of function	- Met Criterion B
<input type="checkbox"/> - Error of function	- Met Criterion C
<input type="checkbox"/> - Loss of function	- Unrecoverable Failure

**OPERATING MODE DESCRIPTION:** Patient Mode

**Remarks:**

Report No. SC1010487A-01-02

## Test Conditions: VOLTAGE DIPS, INTERRUPTIONS & VARIATIONS

The immunity against *VOLTAGE DIPS, INTERRUPTIONS & VARIATIONS* was performed in the following location at the San Diego Testing Facility:

■ - Test not applicable

### OPERATING MODE DESCRIPTION:

Remarks: DC Powered. Testing Not Applicable.

Report No. SC1010487A-01-02

### Equipment Under Test (EUT) Test Operation Mode:

The equipment under test was operated under the following conditions during testing:

Patient Mode

### Configuration of the equipment under test:

☐ - See Constructional Data Form in Appendix B

☒ - See Product Information Form(s) in Appendix B

### The following peripheral devices and interface cables were connected during the testing:

<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - _____	Type: _____
<input type="checkbox"/> - Unshielded power cable	
<input type="checkbox"/> - Unshielded cables	
<input type="checkbox"/> - Shielded cables	MPS. No.: _____
<input type="checkbox"/> - Customer specific cables	
<input type="checkbox"/> - _____	
<input type="checkbox"/> - _____	

Report No. SC1010487A-01-02

## GENERAL REMARKS:

Patient Mode using Calibration Generator for each test function.

## SUMMARY:

The tests marked with darkened squares were performed according to the regulations cited on page 3

### ■ - Performed

The Equipment Under Test

### ■ - Fulfills all of the general approval requirements cited on page 3

## Statement of Measurement Uncertainty

The data and results referenced in this document are true and accurate. The test system for conducted emissions is defined as the LISN, tuned receiver or spectrum analyzer, and coaxial cable. This test system has a measurement uncertainty of  $\pm 1.8$  dB. The test system for radiated emissions is defined as the antenna, the pre-amplifier, the spectrum analyzer and the coaxial cable. This test system has a measurement uncertainty of  $\pm 4.8$  dB. The measurement uncertainty values for conducted and radiated emissions meet the requirements as expressed in CISPR 16-4-2. The equipment comprising the test systems is calibrated on an annual basis. The reader is cautioned that there is some measurement variability due to the tolerances of the test equipment that can contribute to a nominal product measurement uncertainty. Furthermore, component differences and manufacturing process variability of production units similar to that tested may result in additional product uncertainty. If necessary, refer to the test lab for the actual measurement uncertainty for specific tests.

Equipment Received Date: 30 November 2010

Testing Start Date: 30 November 2010

Testing End Date: 12 January 2011

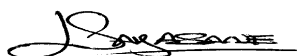
- TÜV SÜD AMERICA, INC. -

Reviewing Engineer:



David Gray,  
(Senior EMC Engineer)

Test Engineer:



Lan Sayasane,  
(EMC Technician)



Report No. SC1010487A-01-02

## **Technical Documentation**

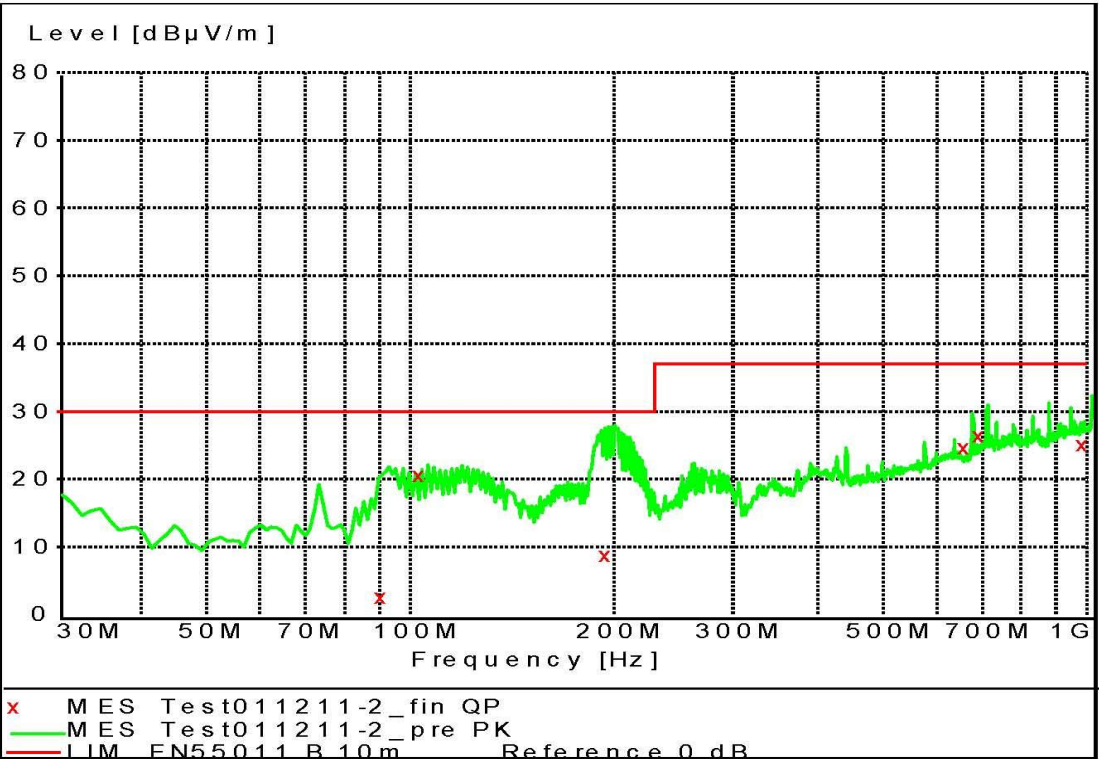
**Test Data Sheets  
and  
Test Setup Drawing(s)**

TUV SC1010487

EUT: B-Alert X10  
 Manufacturer: Advance Brain Monitoring Systems  
 Operating Condition: Patient mode with calibration generator  
 Test Site: SR6  
 Operator: Kathy MacKenzie  
 Test Specification: EN55011 class B  
 Comment: Internal Battery powered  
 Start of Test: 1/12/2011 / 11:24:01AM

SCAN TABLE: "EN55011 10M(BCL) "

Short Description: EN 55011 Field Strength  
 Start Stop Step Detector Meas. IF Transducer  
 Frequency Frequency Width Time Bandw.  
 30.0 MHz 1.0 GHz 80.0 kHz MaxPeak 10.0 ms 120 kHz 3142C 556 10m



MEASUREMENT RESULT: "Test011211-2\_fin QP"

1/12/2011 12:47PM

Frequency MHz	Level dBµV/m	Transd dB	Limit dBµV/m	Margin dB	Height cm	Azimuth deg	Polarisation
91.200000	2.60	-21.5	30.0	27.4	356.0	191.00	HORIZONTAL
103.840000	20.60	-21.1	30.0	9.4	342.0	354.00	HORIZONTAL

1/12/2011 1:02PM Test011211-2

**MEASUREMENT RESULT: "Test011211-2\_fin QP"**

(continued)

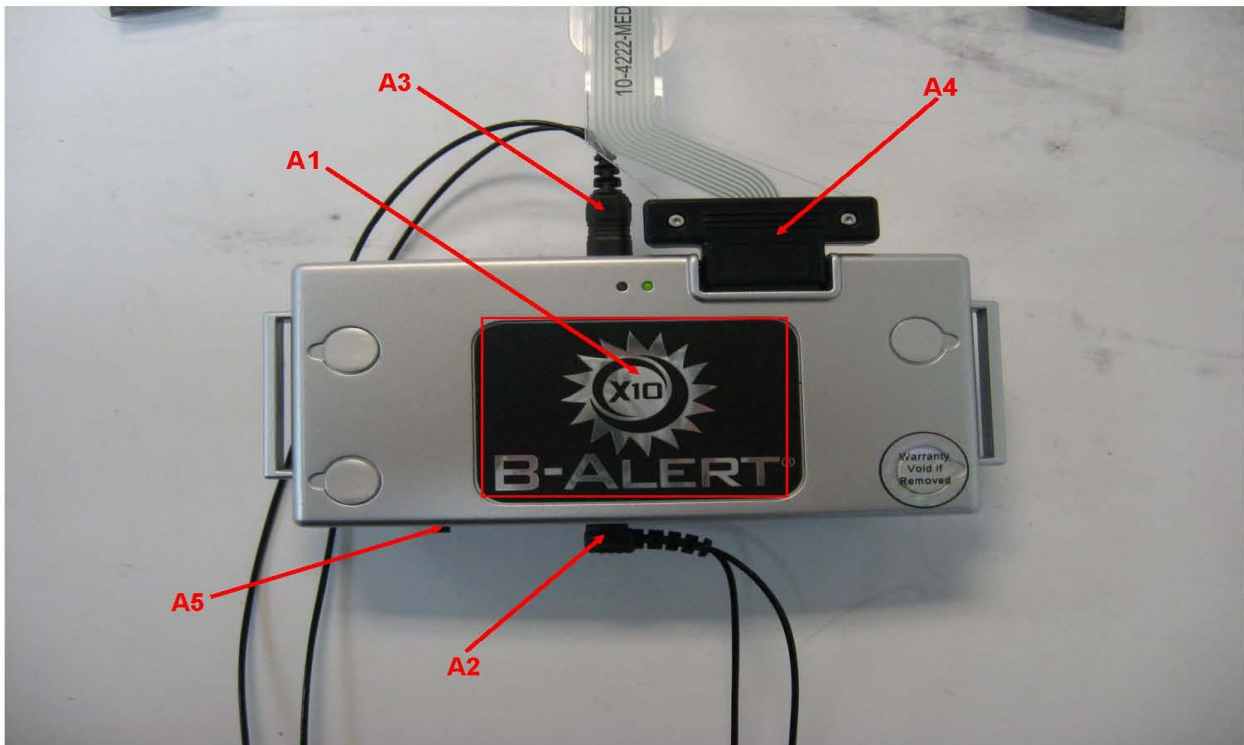
Frequency MHz	Level dBµV/m	Transd dB	Limit dBµV/m	Margin dB	Height cm	Azimuth deg	Polarisation
196.080000	8.80	-18.2	30.0	21.2	346.0	294.00	HORIZONTAL
663.680000	24.70	-5.0	37.0	12.3	102.0	24.00	VERTICAL
699.680000	26.40	-3.5	37.0	10.6	181.0	32.00	VERTICAL
995.280000	25.10	-0.5	37.0	11.9	177.0	318.00	VERTICAL

1/12/2011 1:02PM Test011211-2

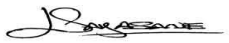


## ESD IMMUNITY


Test Report #: SC1010487 Test Area: TR-1  
EUT Model #: X10 Date: December 21, 2010  
EUT Serial #: 101000003 EUT Power: Battery 3.7 VDC Temperature: 21.3 °C  
Test Method: EN61000-4-2 Air Pressure: 100.0 kPa  
Customer: Advanced Brain Monitoring Systems Relative Humidity: 58.7 %  
EUT Description: B-Alert System Page: 2 of 4  
Notes: Patient mode with calibration generator  
ND = No Discharge



Tested by: Lan Sayasane  
Printed

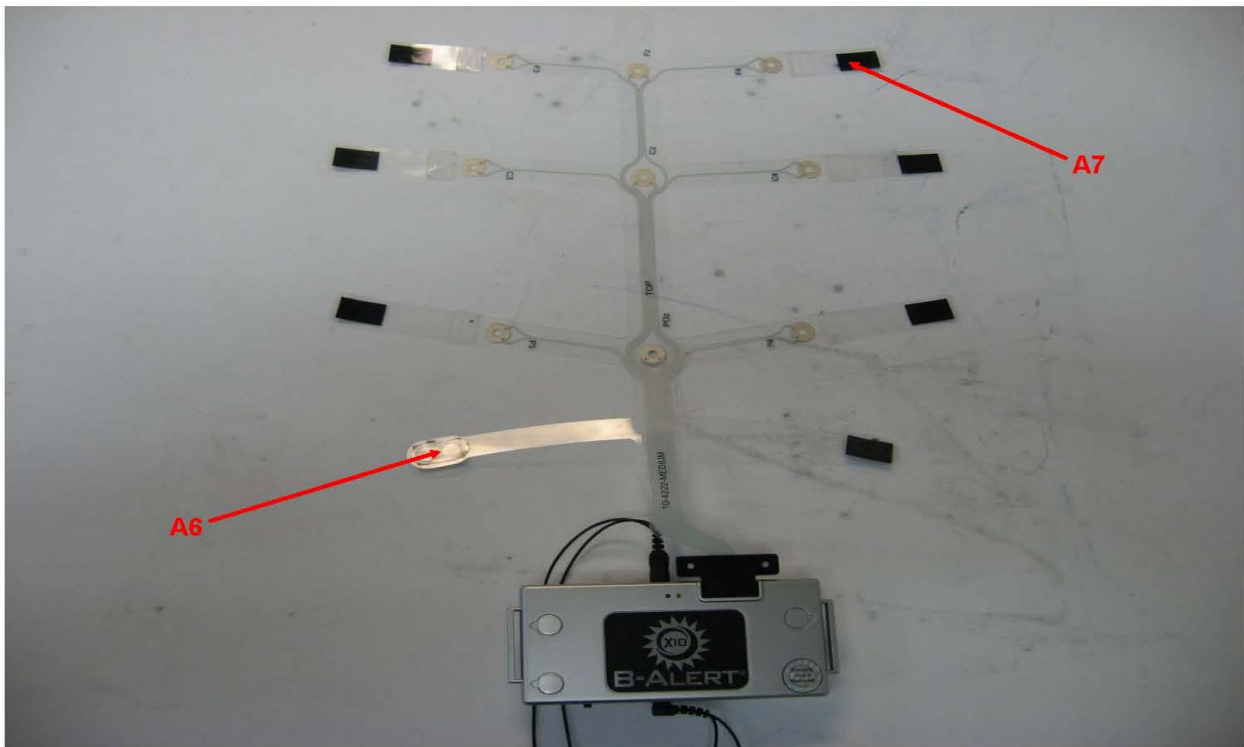
  
Signature

Reviewed by: Stephen Rackleff  
Printed

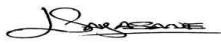
  
Signature

## ESD IMMUNITY


Test Report #: SC1010487 Test Area: TR-1  
EUT Model #: X10 Date: December 21, 2010  
EUT Serial #: 101000003 EUT Power: Battery 3.7 VDC Temperature: 21.3 °C  
Test Method: EN61000-4-2 Air Pressure: 100.0 kPa  
Customer: Advanced Brain Monitoring Systems Relative Humidity: 58.7 %  
EUT Description: B-Alert System Page: 3 of 4  
Notes: Patient mode with calibration generator  
ND = No Discharge



Tested by: Lan Sayasane  
Printed

  
Signature

Reviewed by: Stephen Rackleff  
Printed

  
Signature





Report No. SC1010487A-01-02

## RADIATED IMMUNITY



Test Report #: SC1010487

Test Area: SR-1

EUT Model #: X10

Date: Dec. 1 & 20, 2010

EUT Serial #: 101000003

EUT Power: Battery 3.7 VDC

Temperature: 21.5 °C

Test Method: EN61000-4-3

Air Pressure: 100.6 kPa

Customer: Advanced Brain Monitoring Systems

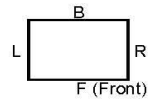
Relative Humidity: 24.3 %

EUT Description: B-Alert System

Page: 1 of 1

Notes: Patient mode with calibration generator

FACE DEFINITION  
(TOP VIEW)



TEST FREQUENCY (MHz)	TEST LEVEL (V/m)	MODULATION TYPE (SEE KEY)	FIELD POLAR. (H/V)	ANTENNA DIST. (METERS)	STEP SIZE (%)	DWELL TIME (SEC.)	EUT FACE	COMPLIES		CRITERIA MET	REMARKS
								YES	NO		
80-1000	3	4	V	3	1	3	F	✓		A	
80-1000	3	4	H	3	1	3	F	✓		A	
80-1000	3	4	H	3	1	3	L	✓		A	
80-1000	3	4	V	3	1	3	L	✓		A	
80-1000	3	4	V	3	1	3	R	✓		A	
80-1000	3	4	H	3	1	3	R	✓		A	
80-1000	3	4	H	3	1	3	B	✓		A	
80-1000	3	4	V	3	1	3	B	✓		A	
80-1000	3	4	V	3	1	3	T	✓		A	
80-1000	3	4	H	3	1	3	T	✓		A	
80-1000	3	4	H	3	1	3	U	✓		A	
80-1000	3	4	V	3	1	3	U	✓		A	
1000-2500	3	4	V	3	1	3	F	✓		A	
1000-2500	3	4	H	3	1	3	F	✓		A	
1000-2500	3	4	H	3	1	3	L	✓		A	
1000-2500	3	4	V	3	1	3	L	✓		A	
1000-2500	3	4	V	3	1	3	R	✓		A	
1000-2500	3	4	H	3	1	3	R	✓		A	
1000-2500	3	4	H	3	1	3	B	✓		A	
1000-2500	3	4	V	3	1	3	B	✓		A	
1000-2500	3	4	V	3	1	3	T	✓		A	
1000-2500	3	4	H	3	1	3	T	✓		A	
1000-2500	3	4	H	3	1	3	U	✓		A	
1000-2500	3	4	V	3	1	3	U	✓		A	

Tested by: Lan Sayasane  
Printed

Signature

Reviewed by: Stephen Rackleff  
Printed

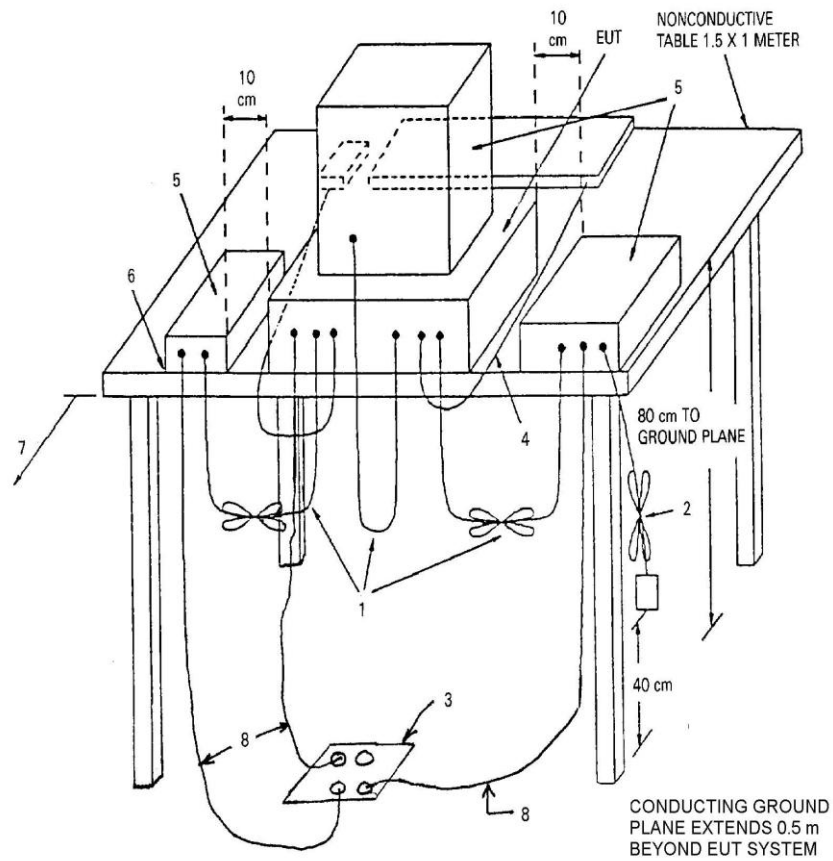
Signature

### Modulation Key

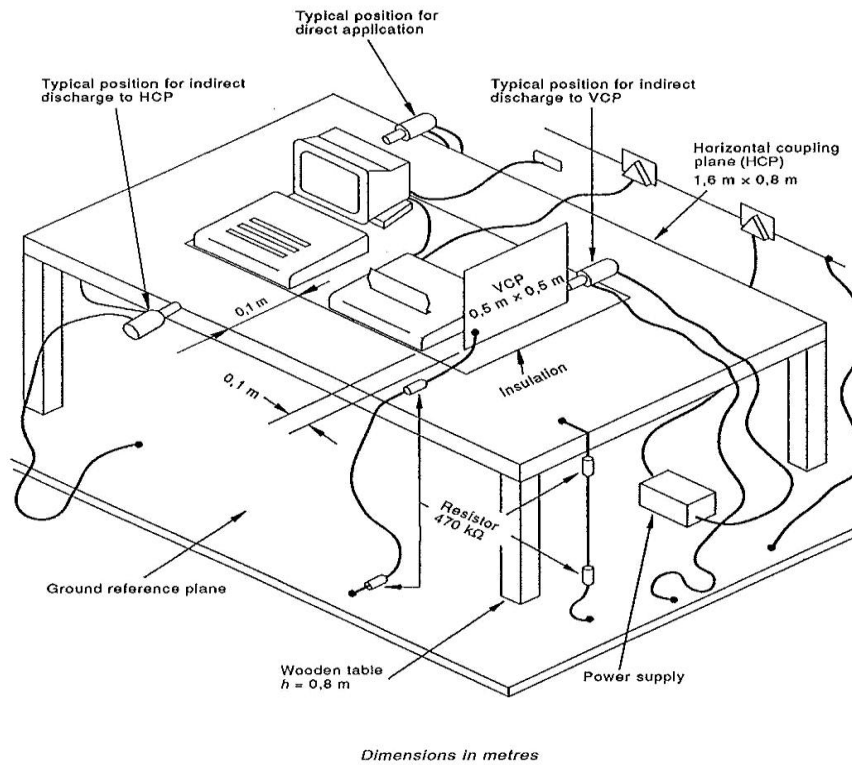
#	Type	Freq.	Shape	Duty	Depth
1	AM	1 kHz	Sine	N/A	80%
2	PM	200 Hz	Square	50%	100%
3	AM	2 Hz	Sine	N/A	80%
4	AM	10 Hz	Sine	N/A	80%
5					



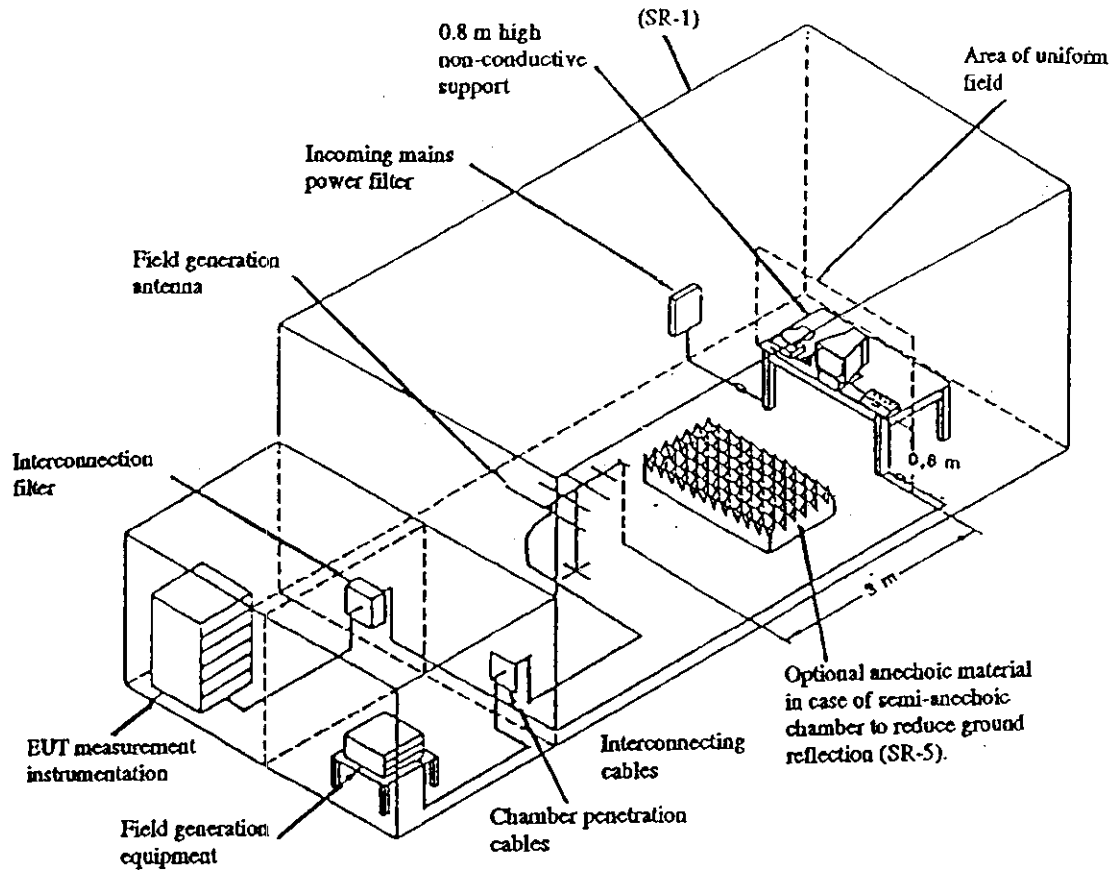
## Radiated Emissions Test Setup, 30 to 1000 MHz



## Test Configuration for ESD, Tabletop Unit

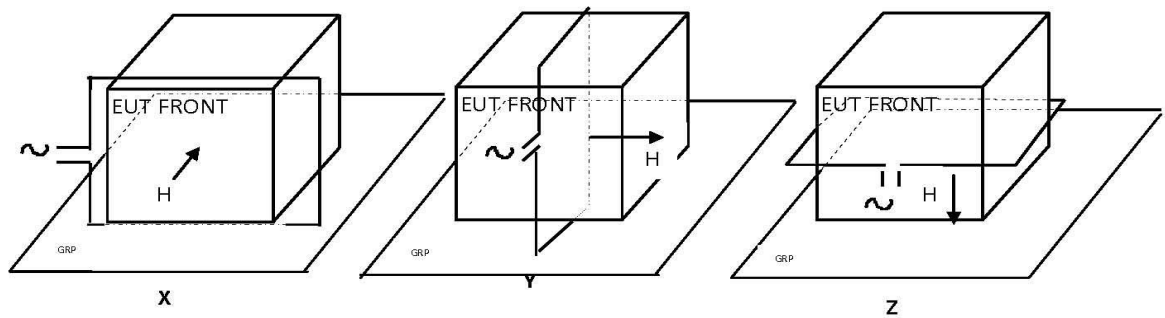


## Test Configuration for Radiated E Fields Immunity



NOTE - Anechoic lining material on walls and ceiling has been omitted for clarity.

## Test Setup for Power Frequency Magnetic Field



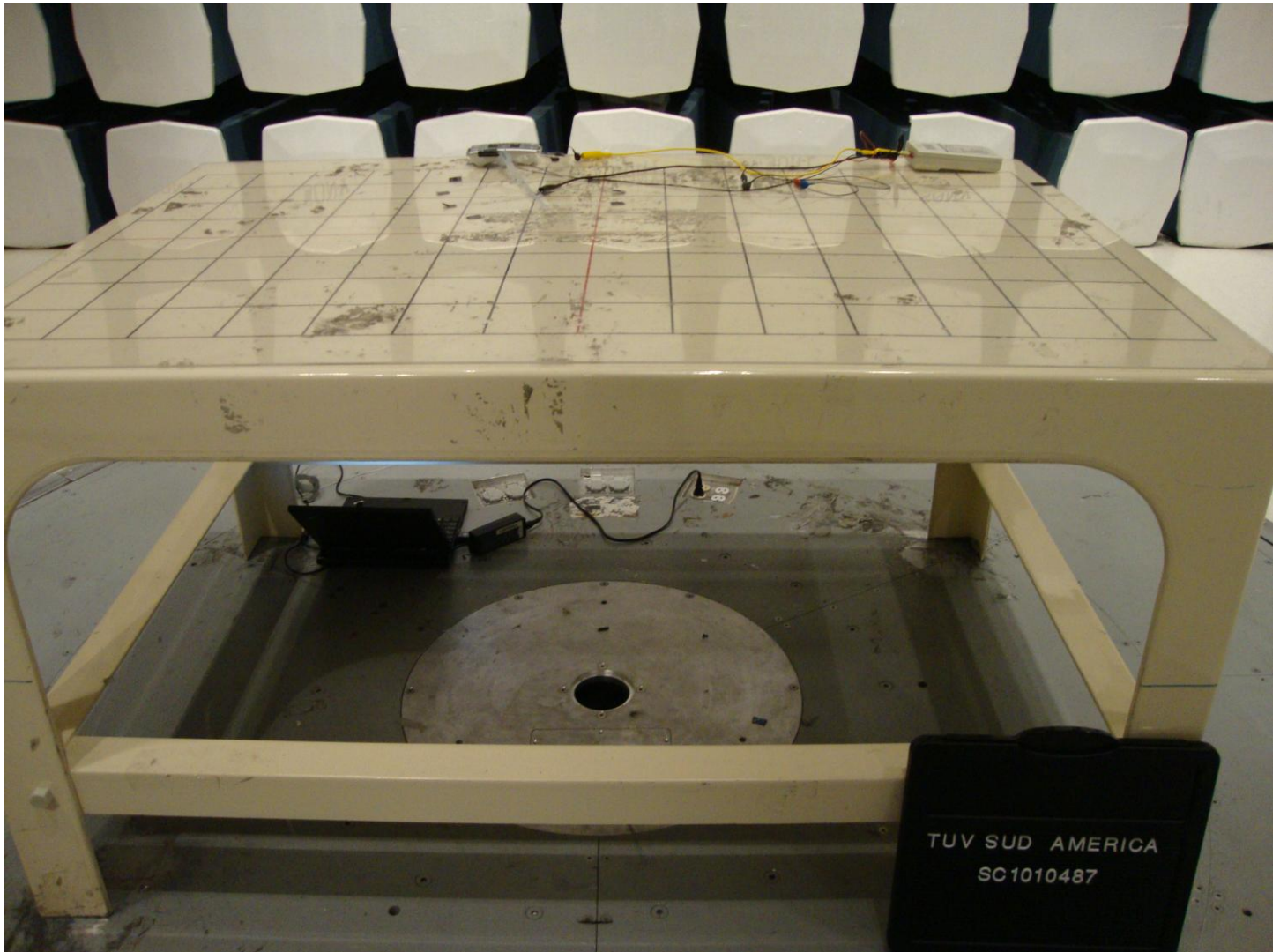
Report No. SC1010487A-01-02

## Appendix A

### Test Setups (Photographs)

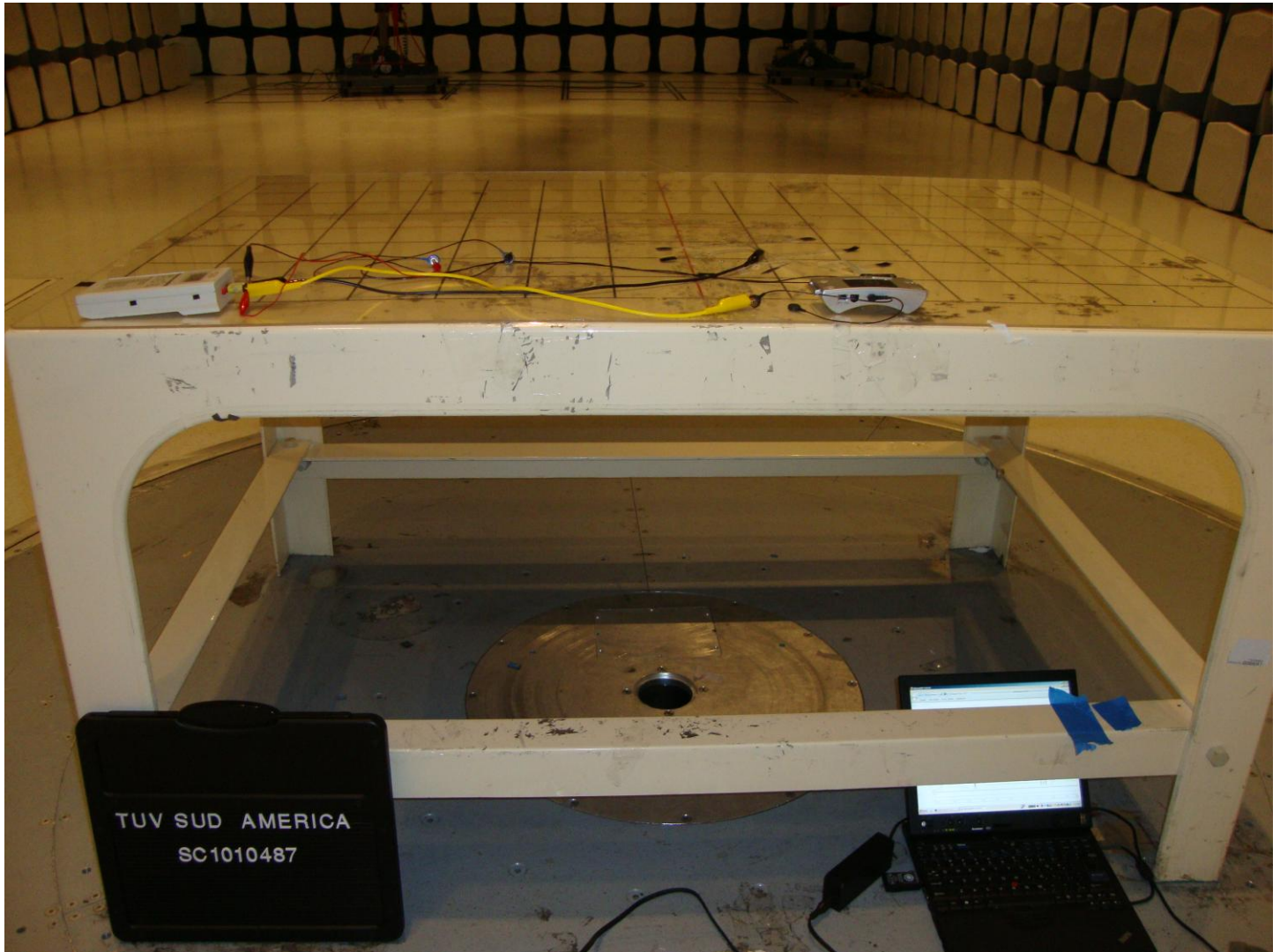
Report No. SC1010487A-01-02

Photograph of Test Setup:  
Radiated Emissions:



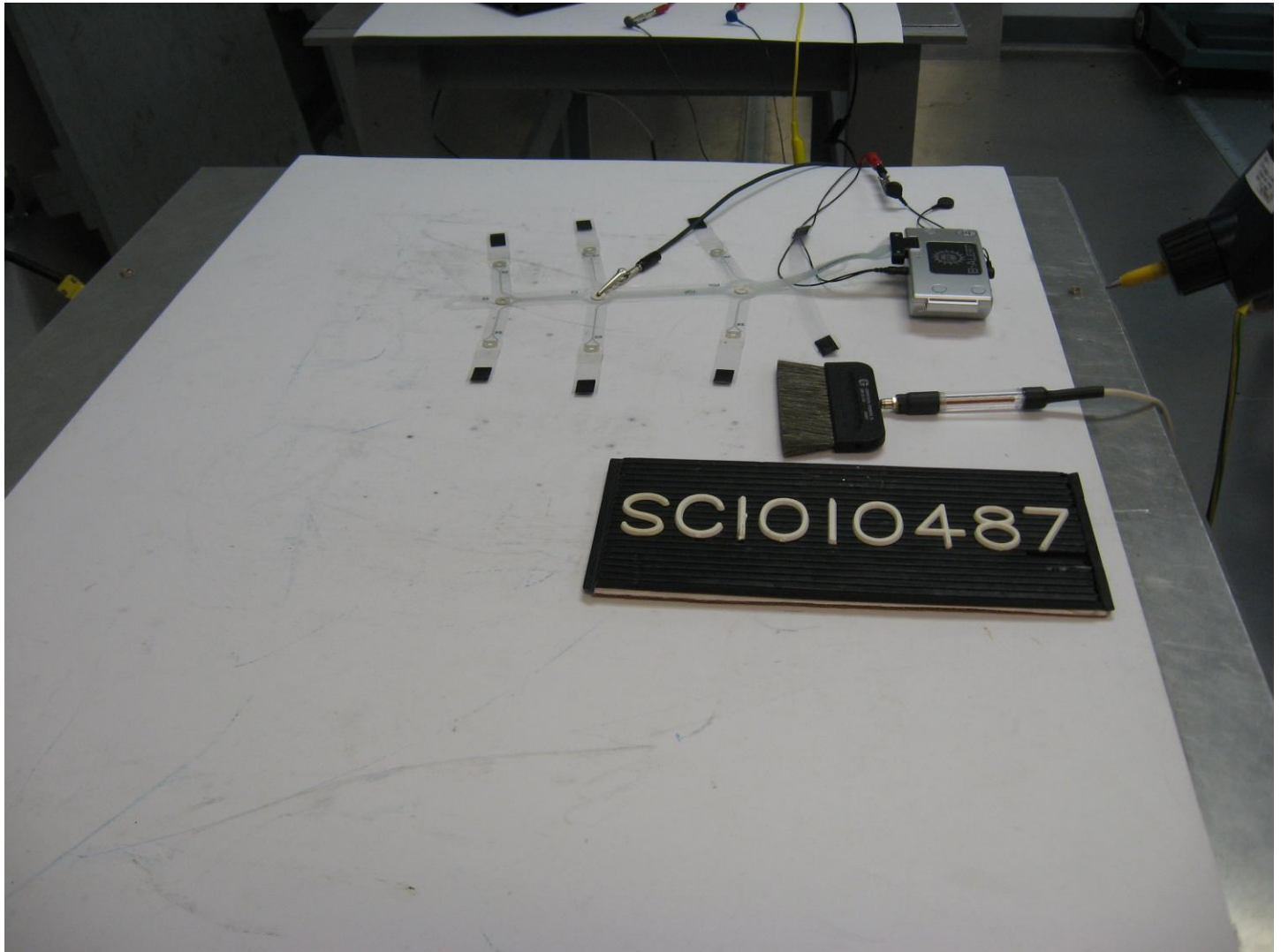
Report No. SC1010487A-01-02

Photograph of Test Setup:  
Radiated Emissions:



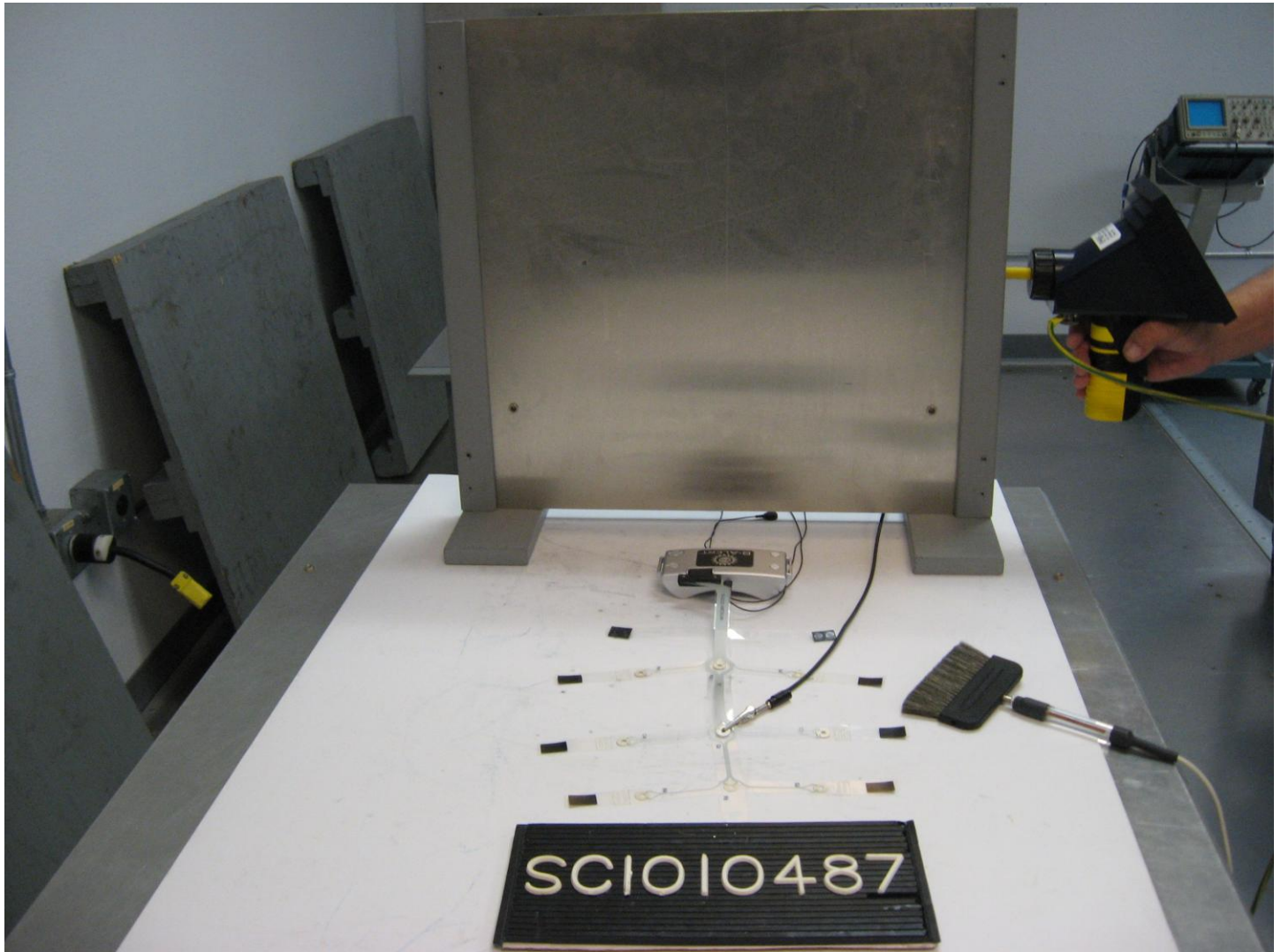
Report No. SC1010487A-01-02

Photograph of Test Setup:  
Electrostatic Discharge (ESD):



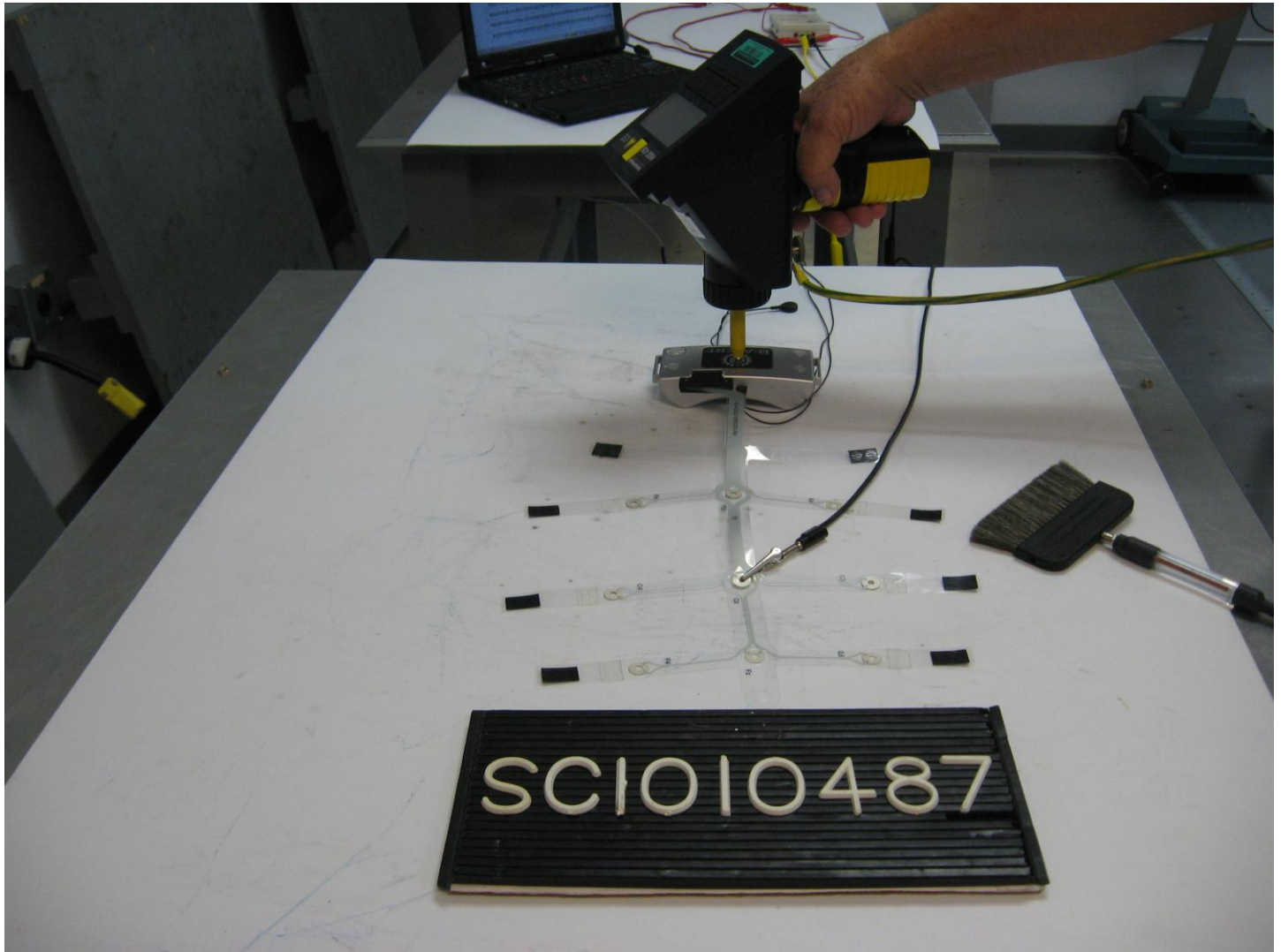
Report No. SC1010487A-01-02

Photograph of Test Setup:  
Electrostatic Discharge (ESD):



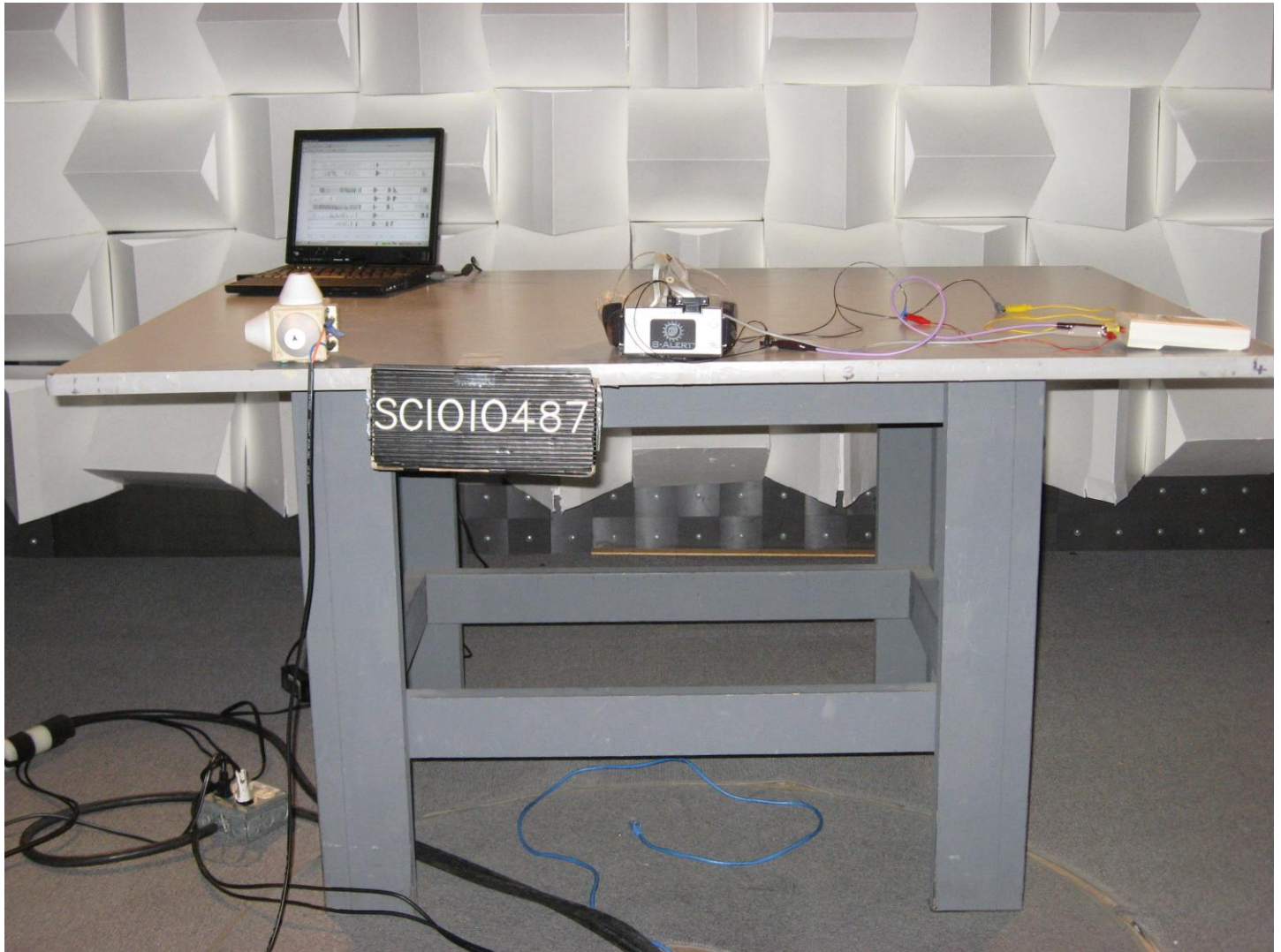
Report No. SC1010487A-01-02

Photograph of Test Setup:  
Electrostatic Discharge (ESD):



Report No. SC1010487A-01-02

Photograph of Test Setup:  
Radiated Electromagnetic Fields:



Report No. SC1010487A-01-02

Photograph of Test Setup:  
Radiated Electromagnetic Fields:



Report No. SC1010487A-01-02

Photograph of Test Setup:  
Power Frequency Magnetic Field:



Report No. SC1010487A-01-02

## Appendix B

### Product Information Form(s)

## Form

**EMC Test Plan and Constructional Data Form**

PLEASE COMPLETE THIS DOCUMENT IN FULL, ENTERING N/A IF THE FIELD IS NOT APPLICABLE. IF TESTING RESULTS IN MODIFICATIONS TO THE EQUIPMENT, PLEASE SUBMIT A REVISED TP/CDF INDICATING THOSE MODIFICATIONS.  
**NOTE: This information will be input into your test report as shown below. Press the F1 key at any time to get HELP for the current field selected.**

Company: Advanced Brain Monitoring, Inc.  
 Address: 2237 Faraday Avenue, Suite 100  
Carlsbad, CA 92008  
 Contact: Gene Davis Position: Technical Sales and Services Director  
 Phone: 760-720-0099 x 6007 Fax: 760-476-3620  
 E-mail Address: Gene@b-alert.com

**General Equipment Description -- NOTE: This information will be input into your test report as shown below.**

EUT Description: 10 Channel System with 9 channels of EEG and 1 channel of ECG  
 EUT Name: B-Alert X10  
 Model No.: X10 Serial No.: 101000003  
 Product Options: \_\_\_\_\_  
 Configurations to be tested: \_\_\_\_\_

**Equipment Modification (If applicable, indicate modifications since EUT was last tested. If modifications are made during this testing, submit revised TP/CDF after testing is complete.)**

Modifications since last test: \_\_\_\_\_  
 Modifications made during test: \_\_\_\_\_

**Test Objective(s): Please indicate the tests to be performed, entering the applicable standard(s) where noted.**

- |   |  |
|---|--|
| <input type="checkbox"/> EMC Directive 2004/108/EC (EMC)  | <input type="checkbox"/> FCC: Class <input type="checkbox"/> A <input type="checkbox"/> B Part _____         |
| Std: _____  | <input type="checkbox"/> VCCI: Class <input type="checkbox"/> A <input type="checkbox"/> B                   |
| <input type="checkbox"/> Machinery Directive 89/392/EEC (EMC)   | <input type="checkbox"/> BSMI: Class <input type="checkbox"/> A <input type="checkbox"/> B (Separate Report) |
| Std: _____  | <input type="checkbox"/> Canada: Class <input type="checkbox"/> A <input type="checkbox"/> B                 |
| <input checked="" type="checkbox"/> Medical Device Directive 93/42/EEC (EMC)  | <input type="checkbox"/> Australia: Class <input type="checkbox"/> A <input type="checkbox"/> B              |
| Std: _____  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Vehicle Directive: <input type="checkbox"/> 2001/3/EC (EMC) <input type="checkbox"/> 2004/104/EC (EMC) |  |
| <input type="checkbox"/> Other Vehicle Std: _____   |  |
| <input type="checkbox"/> FDA Reviewers Guidance for Premarket Notification Submissions (EMC)                                    |  |

**Third Party Certification, if applicable (\*Signature on Page 6 Required)**

- |   |   |
|---|---|
| <input type="checkbox"/> Attestation of Conformity (AoC)*                             | <input type="checkbox"/> EMC Certification (used with Octagon Mark)*                                  |
| <input type="checkbox"/> Statement of Compliance (previously CoC)*                    | <input type="checkbox"/> Compliance Document*   |
| Protection Class (N/A for vehicles)   | <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III |
| (Press F1 when field is selected to show additional information on Protection Class.) |   |
| <input type="checkbox"/> FCC / TCB Certification                                      | <input type="checkbox"/> Industry Canada / FCB Certification  |
| <input type="checkbox"/> E-Mark Certification   | <input type="checkbox"/> Taiwan Certification   |

**Form****EMC Test Plan and Constructional Data Form****Attendance**Test will be: ☐ Attended by the customer ☐ Unattended by the customer**Failure - Complete this section if testing will not be attended by the customer.**

If a failure occurs, TÜV SÜD America should:

- ☒ Call contact listed above, if not available then stop testing. (After hrs phone): 760-716-8757
- ☐ Continue testing to complete test series.
- ☐ Continue testing to define corrective action.
- ☐ Stop testing.

**EUT Specifications and Requirements**Length: 5" Width: 2 and 1/8" Height: 1 and 1/8" Weight: 4 ounces**Power Requirements***Regulations require testing to be performed at typical power ratings in the countries of intended use. (i.e., European power is typically 230 VAC 50 Hz or 400 VAC 50 Hz, single and three phase, respectively)*Voltage: Powered by 2 (If battery powered, make sure battery life is sufficient to complete testing.)  
3.7V Lithium  
Ion Batteries# of Phases: 1Current (Amps/phase(max)): 50mA Current (Amps/phase(nominal)): 40mA

Other \_\_\_\_\_

**Other Special Requirements****Typical Installation and/or Operating Environment**

(ie. Hospital, Small Business, Industrial/Factory, etc.)

Prepared, charged and applied at Health Care Facility by Trained Technician. Worn by patient at Health Care Facility.

**EUT Power Cable**

- ☐ Permanent OR ☐ Removable Length (in meters): \_\_\_\_\_
- ☐ Shielded OR ☐ Unshielded
- ☒ Not Applicable

## Form



## EMC Test Plan and Constructional Data Form

EUT Interface Ports and Cables														
Type	Analog	Digital	During Test		Qty	Shielding		Termination	Connector Type	Port Termination	Length tested (in meters)	Removable	Permanent	
			Active	Passive		Yes	No							Type
<b>EXAMPLE:</b> RS232	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foil over braid	Coaxial	Metallized 9-pin D-Sub	Characteristic Impedance	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B-Alert Dongle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>			USB A			<input type="checkbox"/>	<input type="checkbox"/>
USB A To Micro-B For Charging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foil over braid		USB A and USB Micro-B		1	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>



## Form



## EMC Test Plan and Constructional Data Form

**Support Equipment** -- List and describe all support equipment which is not part of the EUT. (i.e. peripherals, simulators, etc)  
This information is required for FCC & Taiwan testing.

Description	Model #	Serial #	FCC ID #
Charging Kit for Headset	EK-5200	NA	

## Oscillator Frequencies

Manufacturer	Frequency	Derived Frequency	Component # / Location	Description of Use
Citizen	5.0688MHz	5.0688MHz	Q1	Main processor oscillator clock

## Power Supply

Manufacturer	Model #	Serial #	Type
NA - battery Powered			<input type="checkbox"/> Switched-mode: (Frequency) _____ <input type="checkbox"/> Linear <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Switched-mode: (Frequency) _____ <input type="checkbox"/> Linear <input type="checkbox"/> Other: _____

## Power Line Filters

Manufacturer	Model #	Location in EUT
NA - battery powered		

## Form

**EMC Test Plan and Constructional Data Form****Critical EMI Components (Capacitors, ferrites, etc.)**

<i>Description</i>	<i>Manufacturer</i>	<i>Part # or Value</i>	<i>Qty</i>	<i>Component # / Location</i>
Ferrite	Murata	BLM18BN252S N1D	2	L1,L2

**EMC Critical Detail --** Describe other EMC Design details used to reduce high frequency noise.

All ferrite parts are used to reduce EMI.

PLEASE ENTER NAMES BELOW (INSERT ELECTRONIC SIGNATURE IF POSSIBLE)

**Authorization (Signature Required if a Third Party Certification is checked on pg 1)**

Gene Davis

November 29, 2010

Customer authorization to perform tests  
according to this test plan.

Date

Gene Davis

November 29, 2010

Test Plan/CDF Prepared By (please print)

Date

Report No. SC1010487A-01-02

## **Appendix C**

### **Change History**

**Not Applicable**

Report No. SC1010487A-01-02

## **Appendix D**

### **Supplemental Information**

**Not Applicable**