

Radiated emissions



Temperature testing



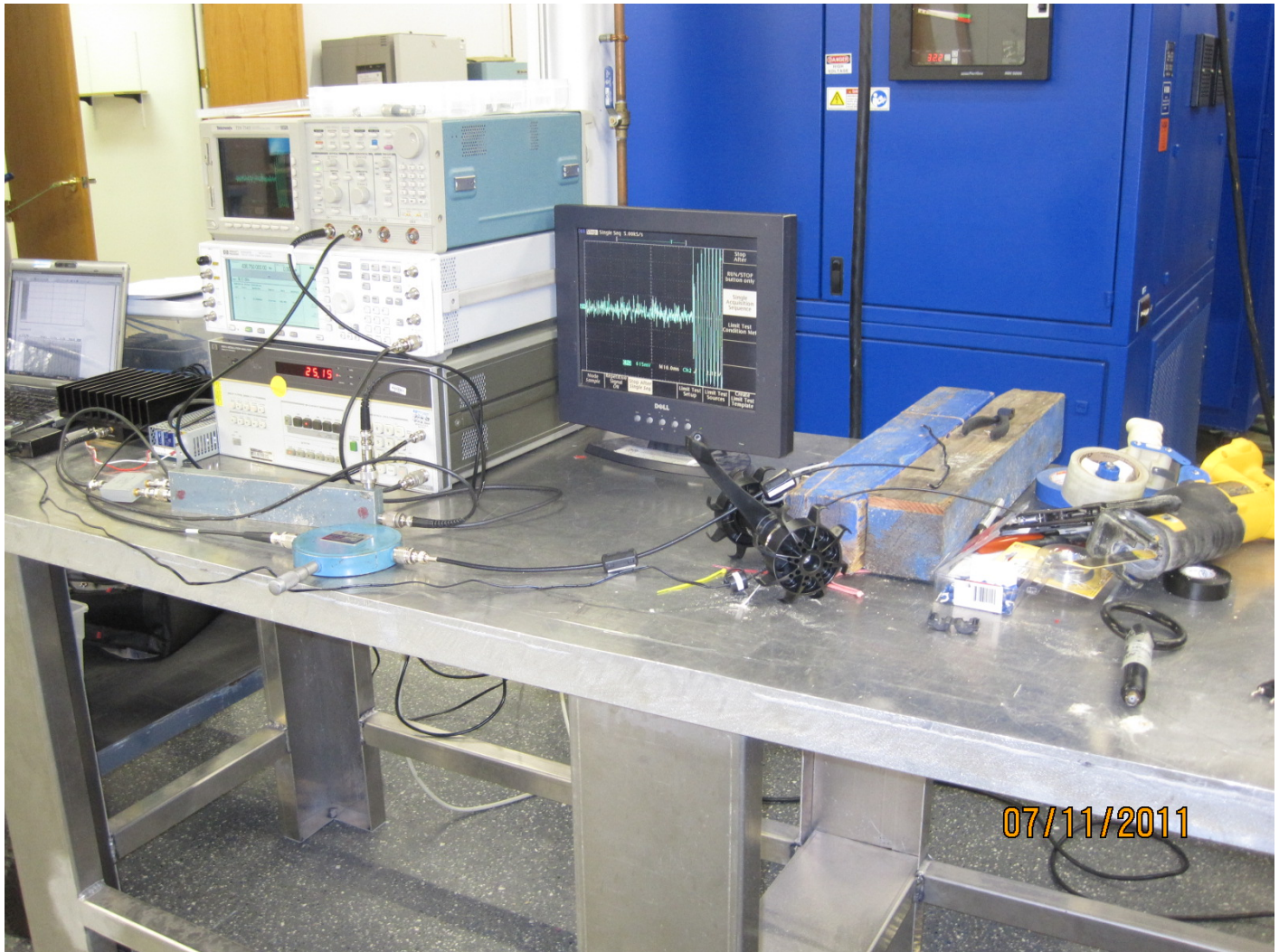
Temperature testing



Temperature testing



Transient frequency behavior



10. EUT information





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: ReconRobotics
 Address: 7620 W 78th Street
Edina, MN
55439
 Contact: Andrew Drenner Position: Robot Systems Architect
 Phone: 952-935-5515 x112 Fax: 952-935-5508
 E-mail Address: andrew.drenner@reconrobotics.com

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

EUT Description Recon Scout
 EUT Name Recon Scout
 Model No.: Recon Scout XT Serial No.: multiple
 Product Options: standard config
 Configurations to be tested: Ch A, Ch Ashifted, Ch B, Ch Bshifted, Ch C, Ch Cshifted

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

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"/> Certificate of Conformity (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 checked="" type="checkbox"/> FCC / TCB Certification | <input type="checkbox"/> Industry Canada / FCB Certification |
| <input type="checkbox"/> E-Mark Certification | <input type="checkbox"/> Taiwan Certification |

**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): _____
- ☐ Continue testing to complete test series.
- ☐ Continue testing to define corrective action.
- ☐ Stop testing.

EUT Specifications and RequirementsLength: 20.3 cm Width: 18.5 cm Height: 11.4 cm Weight: 524 g**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: _____ (If battery powered, make sure battery life is sufficient to complete testing.)

of Phases: _____

Current (Amps/phase(max)): _____ Current (Amps/phase(nominal)): _____

Other The device is battery powered and has fixed rechargeable batteries**Other Special Requirements****Typical Installation and/or Operating Environment**

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

This is a mobile device used in law enforcement and first responder scenarios.

EUT Power Cable

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



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
EXAMPLE:														
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"/>
Charge Plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" 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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>



EMC Test Plan and Constructional Data Form

EUT Software.

Revision Level: git-7468b5a3413b8971c3b99fdb207d7b14d69c8cec

Description: Standard XT Release

Equipment Under Test (EUT) Operating Modes to be Tested -- list the operating modes to be used during test.

It is recommended the equipment be tested while operating in a typical operation mode. FCC testing of personal computers and/or peripherals requires that a simple program generate a complete line of upper case H's. Provide a general description of all software, firmware, and PLD algorithms used in the equipment. List all code modules as described above, with the revision level used during testing. Consult with your TÜV Product Service Representative if additional assistance is required.

1.

2.

3.

Equipment Under Test (EUT) System Components -- List and describe all components which are part of the EUT. For FCC & Taiwan testing a minimum configuration is required. (ie. Mouse, Printer, Monitor, External Disk Drive, Motherboard, etc)

Description	Model #	Serial #	FCC ID #
Recon Scout XT - Channel A		1010L0514	
Recon Scout XT - Channel B		1010L0425	
Recon Scout XT - Channel C		1010L0479	

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 #
Scout Charger	3P10-L1012		



EMC Test Plan and Constructional Data Form

Oscillator Frequencies

<i>Manufacturer</i>	<i>Frequency</i>	<i>Derived Frequency</i>	<i>Component # / Location</i>	<i>Description of Use</i>

Power Supply

<i>Manufacturer</i>	<i>Model #</i>	<i>Serial #</i>	<i>Type</i>
			<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

<i>Manufacturer</i>	<i>Model #</i>	<i>Location in EUT</i>

Critical EMI Components (Capacitors, ferrites, etc.)

<i>Description</i>	<i>Manufacturer</i>	<i>Part # or Value</i>	<i>Qty</i>	<i>Component # / Location</i>
Metal enclosure for shielding				

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

PLEASE ENTER NAMES BELOW (INSERT ELECTRONIC SIGNATURE IF POSSIBLE)



EMC Test Plan and Constructional Data Form

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

Customer authorization to perform tests
according to this test plan.

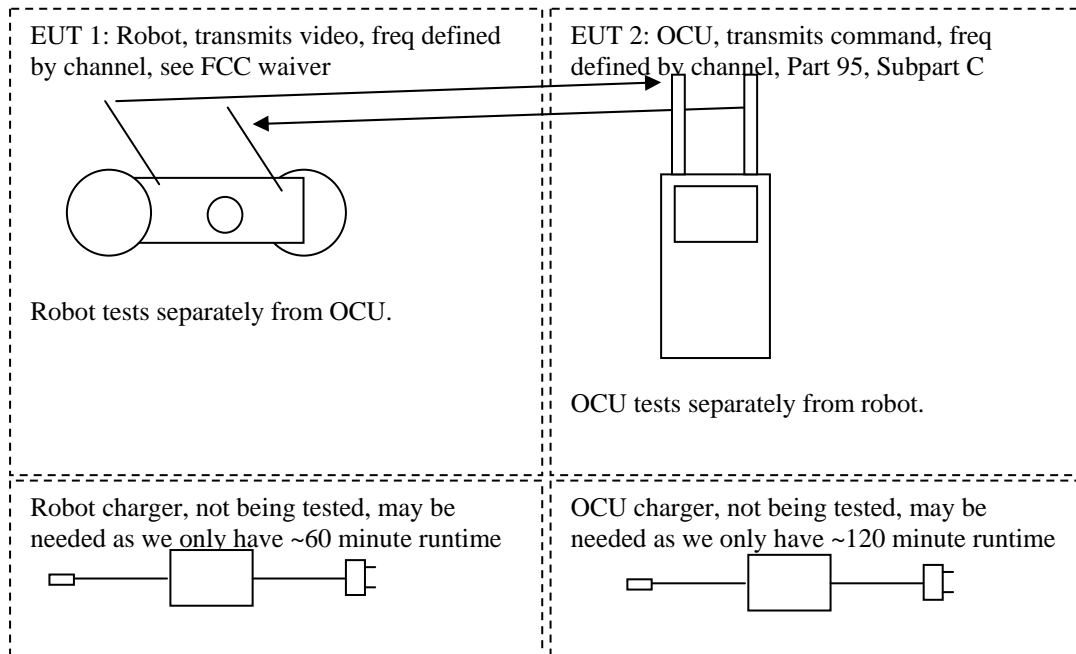
Date

Test Plan/CDF Prepared By (please print)

Date

EMC Block Diagram Form

System Configuration Block Diagram -- Provide a line drawing identifying the EUT, simulators, support equipment, I/O cables, power cables, and any other pertinent components to be used during testing. Use a dashed line to separate the equipment in the testing field versus equipment outside testing field.



Authorization Signatures

Customer authorization to perform tests
according to this test plan.

Date

Test Plan/CDF Prepared By (please print)

Date