

DATA PACKAGE INFORMATION SHEET

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|-----------------------|---------------------|
| Applicant Information | TIP |
| | Name / Address: N/A |

| | |
|---------------------|---|
| Product Information | Standard: IEC 60950-1:2005 (Second Edition); Am1:2009 + |
| | Am2:2013 CCNs: |
| | Product: Base transceiver station |
| | Models: Open Cellular Connect-1 GSM BTS |

| | | | |
|---------------------------|--|-------|------------------|
| Test Location Information | Tests Conducted By**: | Sign | Abraham Alganess |
| | ** When all tests are conducted by one person, the printed name can be inserted here; otherwise, the name of the person conducting the test shall be entered on each page containing data (printed name only, signature not required). | | |
| | Authorized Signatory or TCP Reviewer: | Sign | |
| | | Print | |
| Date | | | |
| UL WTDP / WMT Witness: | Sign | | |
| | Print | | |

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|------------------------|----------------------------|------|--------------------|
| Reviewed & Accepted By | Qualified Project Handler: | Sign | Paul Pham |
| | | | Paul Pham/ Handler |

LIST OF TESTS

Test Name

Page

4.2.5, 4.2.1, PART 22 10.2 - IMPACT TEST 6

Special Instructions - Unless specified otherwise in the individual Methods, the tests shall be conducted under the following ambient conditions. Confirmation of these conditions shall be recorded at the time the test is conducted.

| <u>Standard</u> | <u>Ambient Temperature, °C</u> | <u>Relative Humidity, %</u> | <u>Barometric Pressure, mBar</u> |
|-----------------|--------------------------------|-----------------------------|----------------------------------|
| | \pm | \pm | \pm |
| 60065 | 25 \pm 10 | Max 75 | Not specified |
| 60601-1 | +10 to +40 | 30 to 75 | 700 to 1060 hPA |
| 60950 | Not specified | Not specified | Not specified |
| 60950-1 | Not specified | Not specified | Not specified |
| 61010-1 | +15 to +35 | Max 75 | 75 to 106 kPa |
| 61215 | Not specified | Not specified | Not specified |
| 61646 | Not specified | Not specified | Not specified |
| 61730 | Not specified | Not specified | Not specified |

RISK ANALYSIS RELATED TO TESTING PERFORMANCE:

The following types of risks have been identified. Take necessary precautions. This list is not all inclusive.

| | |
|---|---|
| <input type="checkbox"/> Electric shock | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Energy related hazards | <input type="checkbox"/> Chemical hazards |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Heat related hazards | <input type="checkbox"/> Vibration |
| <input checked="" type="checkbox"/> Mechanical | <input type="checkbox"/> Other (Specify)___ |

Witness Test Data Program (WTDP) Information:**Environment:**

Accommodations and Environmental conditions, including proper power source meet the requirements of the test standard or UL default criteria (ISO/IEC 17025 Clause 5.3.1, 5.3.2, 5.3.3, 5.3.4)

☐ Yes ☐ No ☐ N/A

Personnel:

Lab Management shall authorize personnel to operate particular types of equipment used in testing. (ISO/IEC 17025 5.2.5)

☐ Yes ☐ No

Equipment:

Testing is being conducted within the test equipment calibration dates. (See Test Instrument Information Page and ISO/IEC 17025 5.5.1, 5.5.2, 5.5.4, 5.5.5, 5.5.8)

☐ Yes ☐ No

Calibrations for testing equipment is traceable to SI Units. Refer to 00-OP-C0032 (Calibration Certificate Analysis. (ISO/IEC 17025 5.6.2.2)

☐ Yes ☐ No

Critical Consumables:

Critical consumables are compliant with test standard requirements. (ISO/IEC 17025 Clause 4.6)

☐ Yes ☐ No ☐ N/A

Sample Identification:

Identification of items to be tested has been made (e.g. model no., Serial No., etc.) (See Test Sample Identification page and ISO/IEC 17025 Clause 5.8.2)

☐ Yes ☐ No

Summary:

The test facility [was] [was not] deemed to have the environment and capabilities necessary to perform the tests included in this data package.

☐ The CAS Staff as indicated below, (a competent L1, L2 or L3 in a similar CCN/Standard for a similar test method) was utilized to conduct the witnessing of tests on behalf of the project handler. (Please complete the table below to document the rationale and approval.)

| Name of UL Staff conducting WTDP | CCN/Standard to be witnessed | Test(s) to be witnessed | L1, L2 or L3 Competency | Similar CCN/Standard Competency | L3 Reviewer Approval & Date (Similar CCN/Standard) |
|----------------------------------|------------------------------|-------------------------|-------------------------|---------------------------------|--|
| | | | | | |

☐ The Field Services Staff Member, as indicated below, (with a competent program competency as authorized by the FOM) was informed and utilized to conduct the witnessing of tests on behalf of the project handler. (Please complete the table below to document the information and approval.)

| Name of UL Staff conducting WTDP | CCN/Standard to be witnessed | Test(s) to be witnessed | FOM Approver (name) | L3 Reviewer Approval & Date (Similar CCN/Standard) |
|----------------------------------|------------------------------|-------------------------|---------------------|--|
| | | | | |

TEST SAMPLE IDENTIFICATION

The table below is to provide correlation of sample numbers to specific product related information. Refer to this table when a test identifies a test sample by "Sample No." only.

| Sample Number | Sample Card Number | Date Received | Manufacturer, Product Identification and Ratings |
|--------------------------------|--------------------|---------------|--|
| 1 | 910768 | 2017-11-06 | Facebook, Base transceiver station, model Connect-1 GSM BTS, 16-24 Vdc, 3A 48 Vdc PoE, 1.5A (provided from external power source) |
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| Sampling Procedure (if used) : | | | |

TO BE COMPLETED BY STAFF CONDUCTING THE TESTING:

| | | | | | |
|---|-------------------------------|-------------------------------|--------------------------------|------------------------------|------------------------------|
| TEST LOCATION: | | | | | |
| <input checked="" type="checkbox"/> UL or Affiliate | <input type="checkbox"/> WTDP | <input type="checkbox"/> CTDP | <input type="checkbox"/> TPTDP | <input type="checkbox"/> TCP | <input type="checkbox"/> PPP |
| | <input type="checkbox"/> WMT | <input type="checkbox"/> TMP | <input type="checkbox"/> SMT | | |
| Company Name UL LLC | | | | | |
| Address 47173 Benicia St. Fremont, CA 94538-7366 USA | | | | | |

☐ LINK(s) TO OTHER UL LOCATIONS WHERE ADDITIONAL TEST DATA/OBSERVATIONS ARE STORED:

Link to separate data files for a test can be inserted here. The link must be a server that is accessible to UL staff, that provides for backup, required retention periods and a path, including file name that does not change and result in a broken link. Not applicable to DAP.

| Test Name | Full Link to Location |
|-----------|-----------------------|
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