Declaration of conformity

For the following equipment：

Product Name: AC/DC Medical Adaptor

Model Designation: GSM120Ax (x=12,15,20,24,48)

is herewith confirmed to comply with the requirements set out in the Council Directive, the following standards were applied：

RoHS Directive (2011/65/EU)、(EU)2015/863

MDD Directive (93/42/EEC)

EN60601-1:2006+A11+A1+A12 TUV certificate No：TA 50338894

EMI (Electro-Magnetic Interference)
Conducted emission / Radiated emission

	EN55011:2016/A1:2017	Class B
Harmonic current	EN61000-3-2:2014	
Voltage flicker	EN61000-3-3 2013	

EMS (Electro-Magnetic Susceptibility)

EN60601-1-2:2015

ESD air	EN61000-4-2:2009	Level 4	15KV
ESD contact	EN61000-4-2:2009	Level 4	8KV
RF field susceptibility	EN61000-4-3:2010	Level 3	10V/m(80MHz-2.7GHz)
RF field susceptibility	EN61000-4-3:2010	Table 9	9~28V/m (385MHz~5.78GHz)
EFT bursts	EN61000-4-4:2012	Level 3	2KV/100KHz
Surge susceptibility	EN61000-4-5:2014	Level 3	1KV/Line-Line
Surge susceptibility	EN61000-4-5:2014	Level 3	2KV/Line-FG
Conducted susceptibility	EN61000-4-6:2014	Level 3	10V
Magnetic field immunity	EN61000-4-8:2010	Level 4	30A/m
Voltage dip, interruption	EN61000-4-11:2004	100 % dip 1 periods	30 % dip 25 periods 100 % interruptions 250 periods

Note:
The power supply is considered as a component that will be operated in combination with final equipment. Since EMC performance will be affected by the complete system, the final equipment manufacturers must re-qualify EMC Directive on the complete system again.
For guidance on how to perform these EMC tests, please refer to TDF (Technical Documentation File).

This Declaration is effective from serial number EB9xxxxxxx

Person responsible for marking this declaration：

Mean Well Enterprises Co., Ltd.
(Manufacturer Name)

No.28, Wuquan 3rd Rd., Wugu Dist., New Taipei City 24891, Taiwan
(Manufacturer Address)

Johnny Huang/Senior Verification Engineer : _____ Alex Tsai/Director, Marketing Department : _____
(Name / Position) (Signature) (Name / Position) (Signature)

Taiwan Jul. 22nd, 2019
(Place) (Date)