

## CE

## **Declaration of conformity**

For the following equipment :

Product Name: Medical Type Switching Power Supply

Model Designation: RPS-65-x(x=3.3, 5, 7.5, 12, 15, 24 or 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)

MDD Directive (93/42/E	EC)					
EN60601-1:2006+A11+A1+A12		TUV certificate No: TA 50328876				
EMI (Electro-Magnetic Interference) Conducted emission / Radiated emission						
	EN55011:2016/A1:2	017	Clas	is 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 4	2KV/Line-Line		
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 EB8xxxxxxx

Person responsible for marking this declaration :

## Mean Well Enterprises Co., Ltd.

(Manufacturer Name)						
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(Manufacturer Address)	_//		$\square$			
Johnny Huang/Senior Verification Engineer	Olim	Alex Tsai/Director, Marketing Department				
(Name / Position)	(Signature)	(Name / Position)	(Signature)			
Taiwan	Sep. 12th, 2018					
(Place)	(Date)					