H-SCADA ASSESSMENT PROTOCOLS REPORT

August 23, 2015

The following assessment was conducted by National Registry of Environmental Professionals Certified Environmental Safety Compliance Officer and NREP SCADA Committee Member Melinda Kidder in Etobicoke, Ontario, Canada:

INTRODUCTION

I was contacted in early August 2015 by Derek Dunlop (hereafter referred to as "Dunlop") in regard to performing scans to test for presence of RFID chips, nanomaterials or similar technology implanted in his body without his consent. After further communication we scheduled the date of Tuesday, August 18, 2015 and I met with Dunlop in Etobicoke, Ontario, Canada.

DATE OF TEST

All scanning equipment was tested prior to use with Dunlop to confirm proper function and all equipment tested positive to proceed with the scans as scheduled.

Dunlop was interviewed and stated that he is a forty-four year old Canadian Citizen and Protestant. Dunlop stated that he was experiencing physical symptoms during the assessment, which was unusual for him since those symptoms typically occur at certain times of day. Dunlop also expressed that he experiences gaslighting at his residence. Dunlop experiences a variety of symptoms which he states are a result of electronic harassment and gangstalking including, but not limited to: tingling at skull cap and bottom of feet; arm muscles locked up upon waking; awakened at two hour intervals most nights; once felt a numbing feeling surrounding head; unusual tinnitus in left ear; tingling in hands during thermal imaging assessment; etc.

Dunlop was an intelligent man, appropriate in demeanor for the situation. Overall, applying micro and macro expression evaluation and REID interviewing techniques, Dunlop believes what he stated to be true and there was no reason to doubt the veracity of his claims.

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EQUIPMENT

The equipment used during this testing/scanning is the following:

Method Standard One: ELF/EMF Field Meter

- **Measures electromagnetic field radiation**
- **LCD Display of EMF level in milliGauss or microTesla**
- **Provides accurate measurements to 4% over a measuring range of 0.1 to 199.1 mGauss (0.01 to 19.99µTesla)**
- **ELF Frequency bandwidth of 30 to 300 Hz**
- **Single axis – sampling 2.5 times per second**

Method Standard Two: RF Frequency Detector with Bargraph

- **Frequency range of 1MHz-3GHz**
- **Sensitivity: Less than 5 mV**
- **Microprocessor filtration circuitry allowing squelch adjustment to diminish RF noise**
- **High sensitivity LCD bar graph**
- **Used both with and without "rubber duck" antenna during this testing**

Method Standard Three: GPS/RF/Microwave Transmitter Detector

- **Frequency range of 1MHz-9GHz**
- **GPS Detection**
- **Infinity Detection**
- **Analog and Digital**
- **Microwave Detection**

Method Standard Four:

- **UV Light, 385 nm & 400 nm**

Method Standard Five: Night Vision Scope

- **Image capture capability**
- **Infrared intelligence**

Method Standard Six: Metal Detector

- **Operating Temperatures -35º F (-37º C) to 158º F (70º C)**
- **Operating Frequency: 95 kHz**
- **Tuning: Automatic**
- **Scan Area: 3.5" and 360º plus tip**
- **Ultra-sensitive response to metal objects up to 4" depth**
- **Accurate detection of all ferrous, non-ferrous and stainless steel objects**

Method Standard Seven: Portable Spectrum Analyzer

- **Frequency Range: 15 – 2700 MHz**
- **Sensitivity: typ. ± 10 ppm**
- **Sensitivity Level: typ. ± 3 dBm**
- **Resolution f: min. Bandbreite/112 typ.**
- **Resolution Level: 0.5 dBm typ.**
- **Setting Accuracy f: 1 kHz**
- **Broadband Displayed: 112 kHz - 600 MHz**
- **Antenna Jack: 2x SMA**
- **Antenna Impedance: 50Ω**
- **Display: LCD w/background light, 128 x 64 px**
- **Dynamic Range: -115 – 0 dBm typ.**
- **Noise Floor: -115 dBm typ.**
- **Max Input Level: +5 dBm**
- **Weight: 185 grams**
- **Dimension w/out antennas: 113 x 70 x 25m**

Method Standard Eight: Thermal Imaging Camera

- **True Thermal Sensor**
- **206 x 156 Array**
- **32,136 Thermal Pixels**
- **12µ Pixel Pitch**
- **Vanadium Oxide Microbolometer**
- **36 º Field of View**
- **Magnesium Housing**

- **Long Wave Infrared 7.2 – 13 Microns**
- **-40C to 330C Detection**
- **<9Hz**

MINOR NOTATIONS

Scans were conducted repeatedly, at intervals, over a period of approximately one to two hours in order to allow for intermittent signals either being transmitted or received if any devices were present in Dunlop's body. Equipment was tested throughout the appointment to ensure proper function. Scans were conducted over the entirety of Dunlop's body and then again, after the initial scans, with special focus on points of concern to him, to avoid any scan bias.

Dunlop's person was voluntarily searched or observed for any personal property containing electronic devices and none were found. He emptied his pockets of all personal property and removed extraneous jewelry and footwear.

SCAN OBSERVATIONS OF NOTE

Using Method Standard One, with Dunlop lying down, the ELF/EMF Scan readings varied. Measurements are in microTesla (mT or µT). The standard for the room was 0.00-0.01µT. Testing on a coffee maker showed 0.30µT. With equipment showing readings within normal limits, testing proceeded. Normal for Dunlop was 0.00-0.01µT except at the following locations: 0.02µT at the ® clavicle and pectoralis major; 0.03µT at the ® upper quadrant of the abdomen; 0.03µT at the ® lower quadrant of the abdomen; 0.03-0.04µT at the Ⓛ upper quadrant of the abdomen; 0.03µT at the Ⓛ lower quadrant of the abdomen; 0.02µT at the ® tibia and fibula; 0.02µT at the fourth metatarsal of the ® foot; 0.02µT at the Ⓛ patella; 0.03µT at an area covering the Ⓛ superior tibia, fibula, tibialis anterior, and peroneus longus; 0.02µT at an area covering the median of the Ⓛ tibia, fibula and peroneus brevis; 0.02µT at the Ⓛ proximal insertion of the plantar fascia; 0.02µT at a point between the distal ends of the second and third metatarsals of the Ⓛ foot; 0.03µT at an area covering the majority of the back; 0.04µT at approximately T5 of the spine; 0.04µT at the Ⓛ thoracolumbar fascia, which covers the kidney; 0.02µT at the ® gluteus medius and external oblique; 0.04µT at the ® gluteus maximus; 0.03µT at the Ⓛ gluteus maximus; 0.03µT at the ® posterior upper leg (vastus lateralis, biceps femoris, etc); 0.02µT at the ® gastrocnemius; 0.02µT at the ® Achilles tendon; 0.03µT at the posterior deltoids and triceps, bilaterally; 0.02µT at the dorsal forearms, bilaterally; 0.03µT at an area surrounding the Ⓛ posterolateral skull, except for one small section within this area which measured a 0.02µT. An illustration reflecting these points is shown below:

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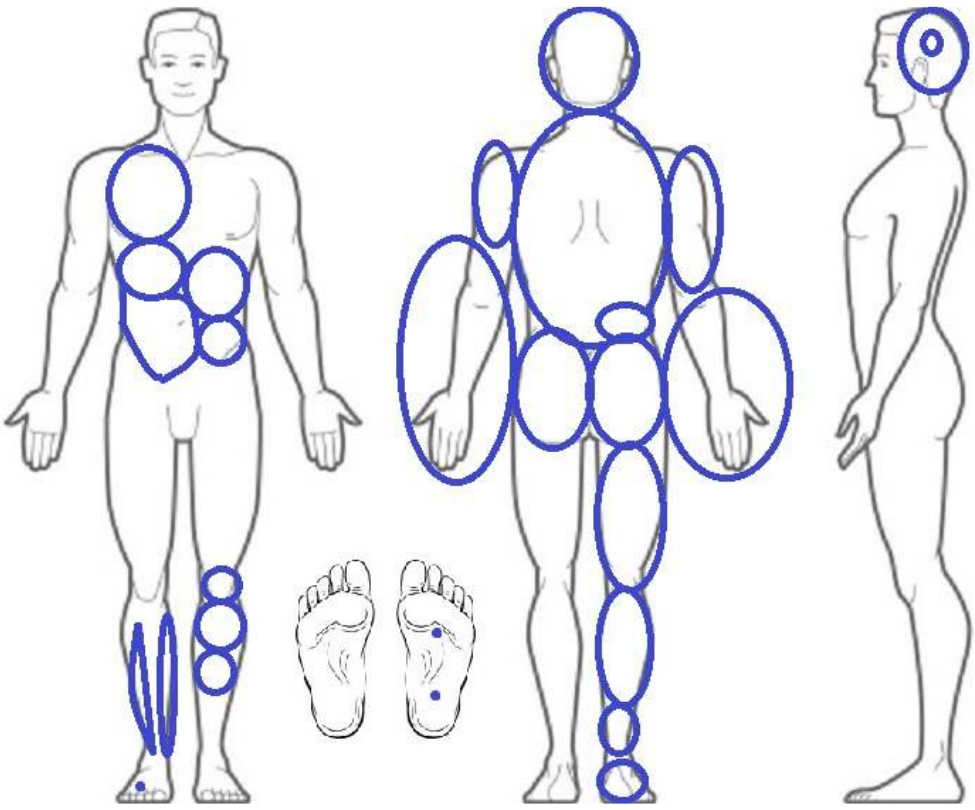

Using Method Standard Two at 10:42AM EST, The RF Signals scan for Dunlop initially showed 2549.211MHz at the 2.86GHz switch range. There was no specific point of the body being scanned. Further testing showed the following signals: 2540.650MHz, 2508.333MHz, 2508.709MHz, 2544.812MHz. Holding the unit at certain points of the body did not seem to impact a change in the signal. It should be noted that these signals were ambient at the time of the scan and were not coming FROM Dunlop, but may have been directed towards him. These signals were not present prior to his arrival, nor after his departure from the assessment location.

An RF/GPS / Microwave test was performed using Method Standard Three and no signals were detected.

Under <u>UV lighting</u> Dunlop's naturally hazel-brown eyes were blue-green at the pupil and mixed purple at the iris, bilaterally. An illustration representing what was seen in the eyes is shown below.

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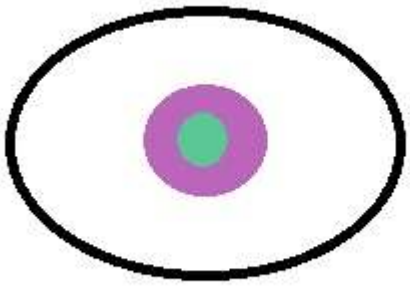

Using Method Standard Five, infrared scope, black spidering lines were visible on Dunlops arms, lower legs, and talocrural joints, bilaterally. Images taken with the infrared scope camera are included below:

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Right Upper Arm Anterior View, Infrared

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Left Upper Arm Anterior View, Infrared

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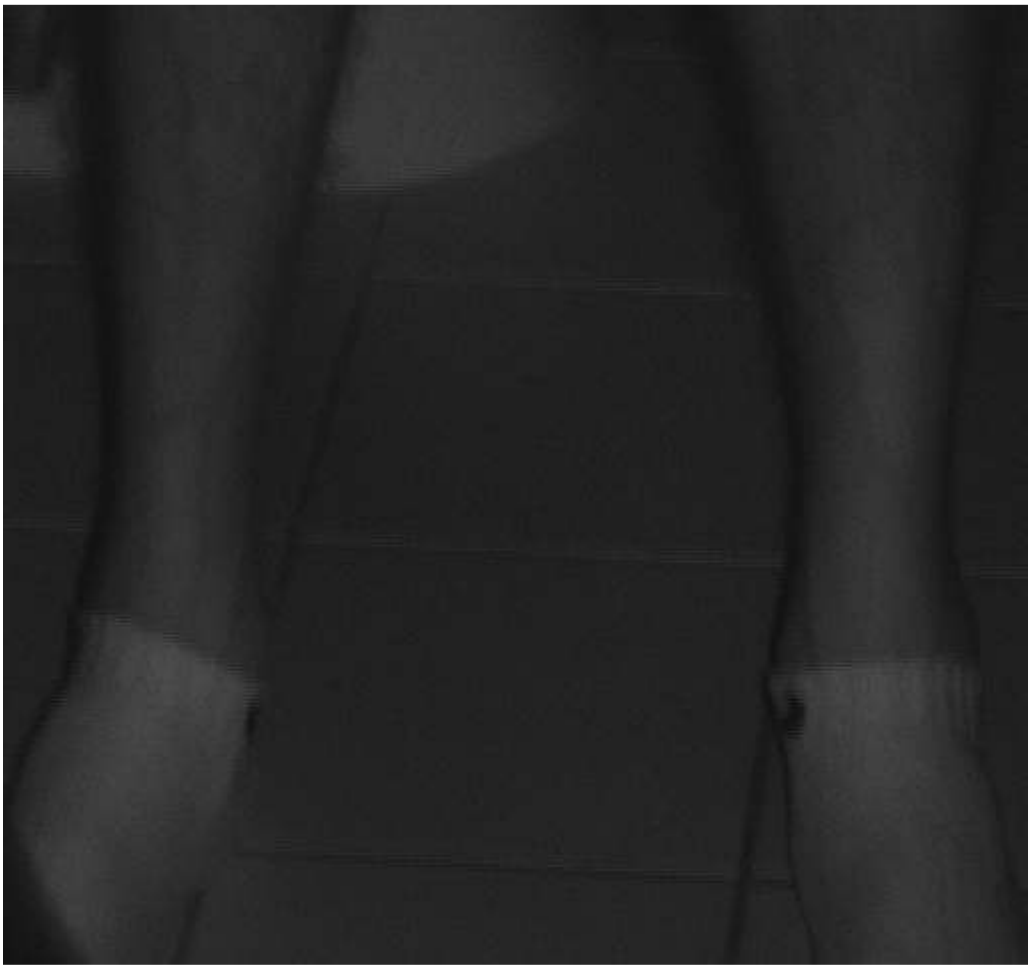

Right & Left Anterior Lower Legs and Talocrural Joints, Infrared

A scan for ferrous and non-ferrous materials was performed of Dunlop's entire body using Method Standard Six. No alerts were detected.

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Using Method Standard Seven, the spectrum analyzer detected signals ambient to Dunlop at 2431.285, 2434.499, & 2432.892MHz. These signals were not present prior to his arrival, nor after his departure from the assessment location. I was able to press the hold button on the spectrum analyzer before the signal traveled off of the unit's screen, and then captured the images using an iPhone 6 and employing the USCop Application which allows geolocation imprinting on the images using the phone's location services. These images are included below:

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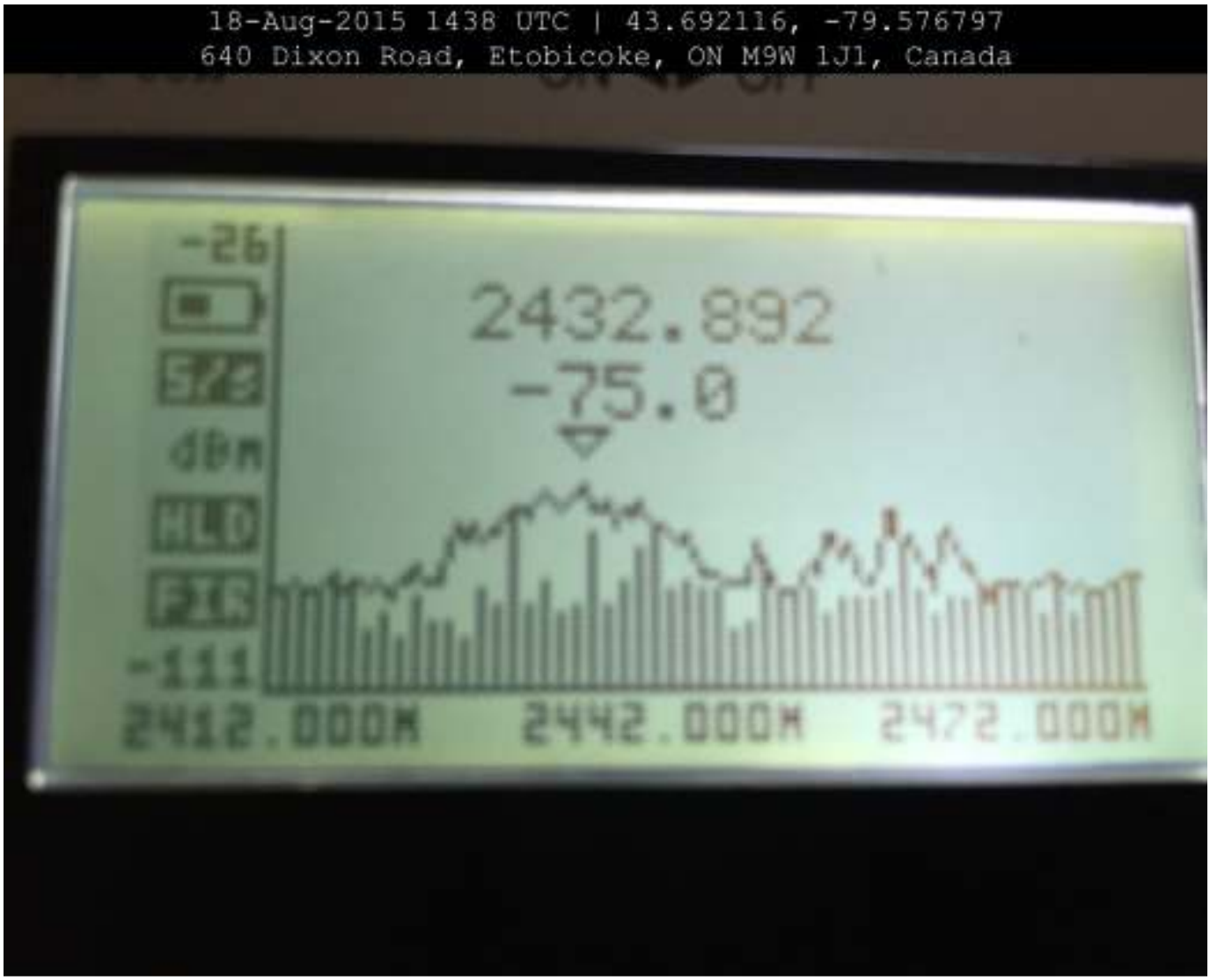

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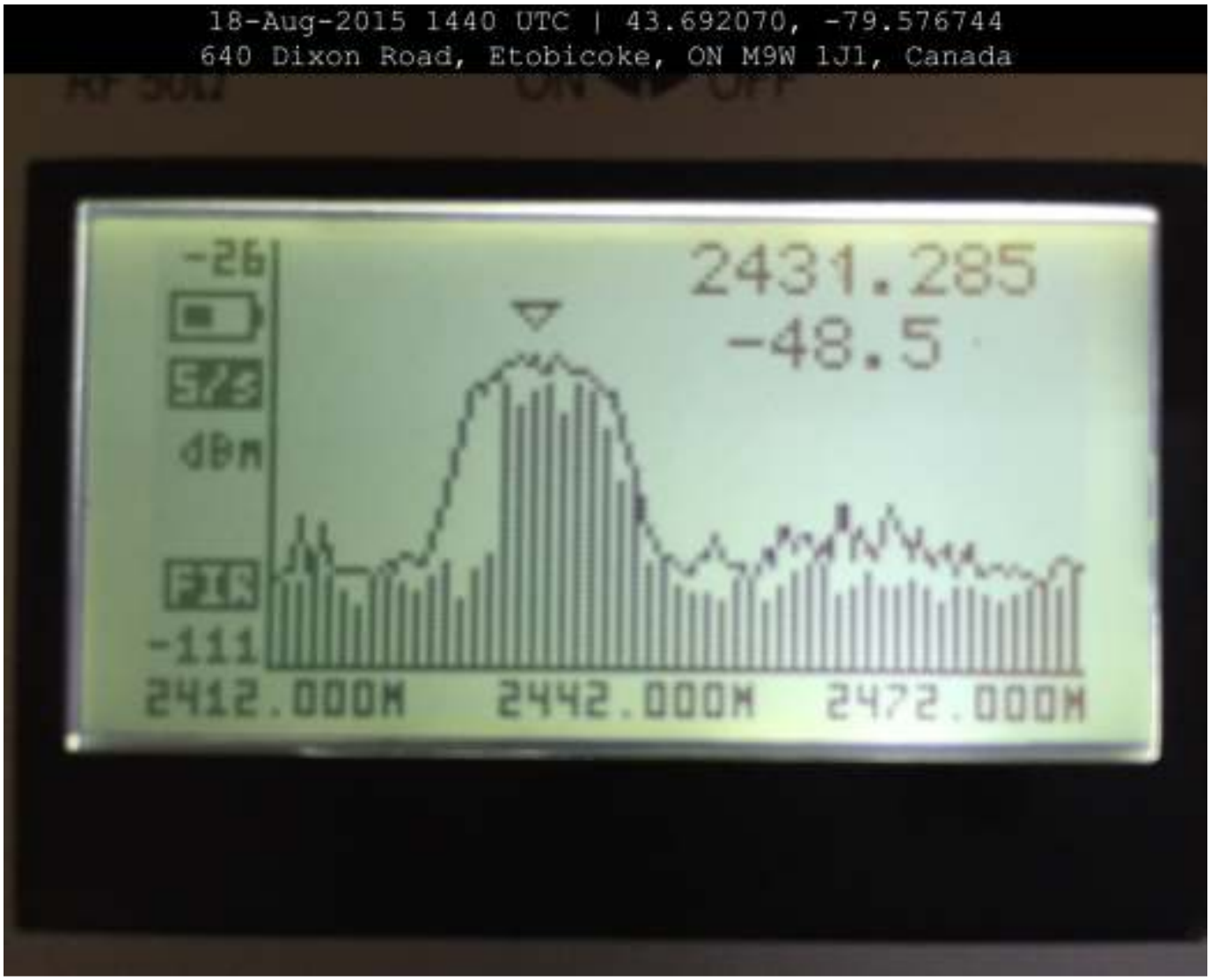

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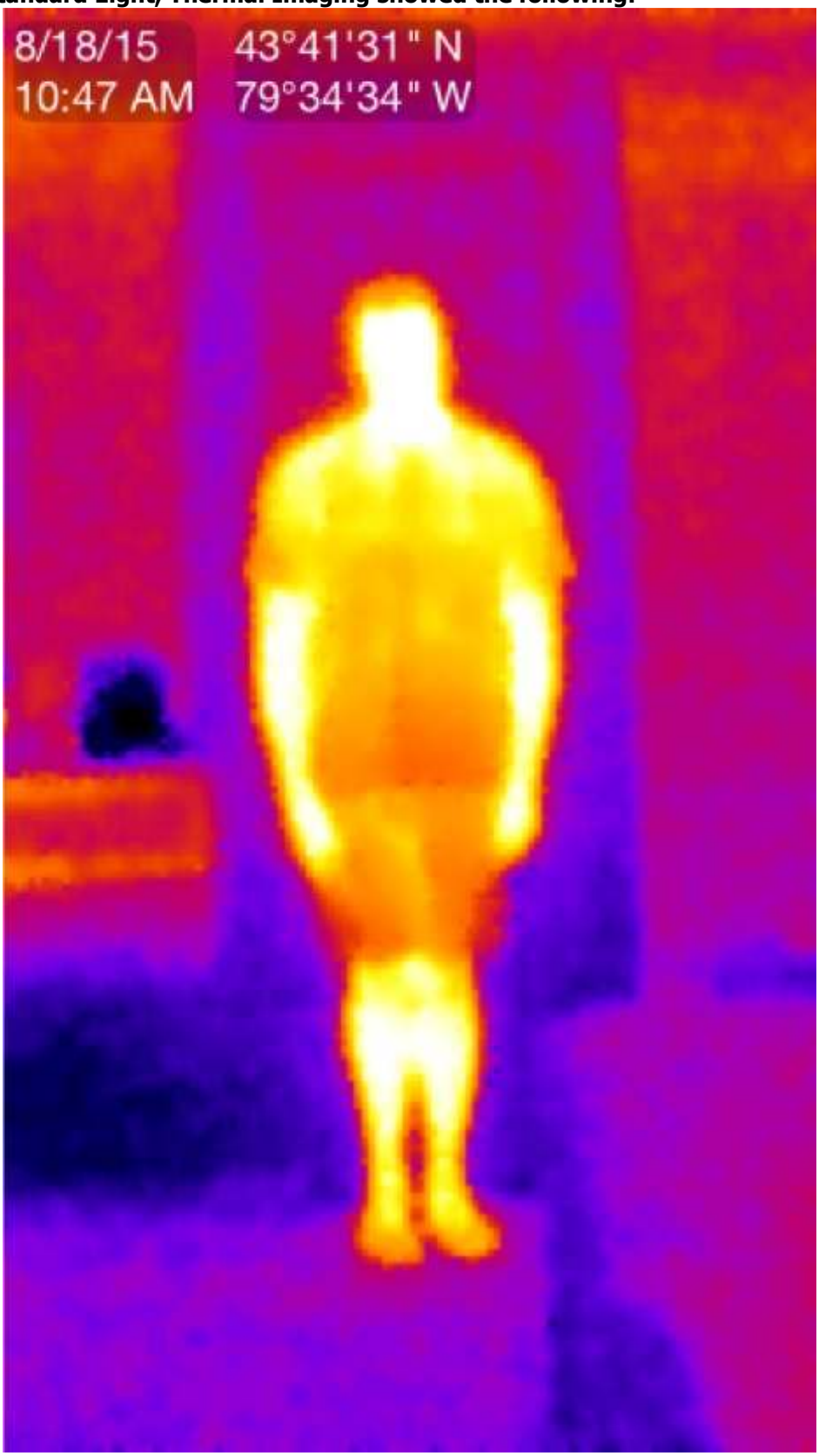
Using Method Standard Eight, Thermal Imaging showed the following:



Full Body Anterior

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Full Body Posterior

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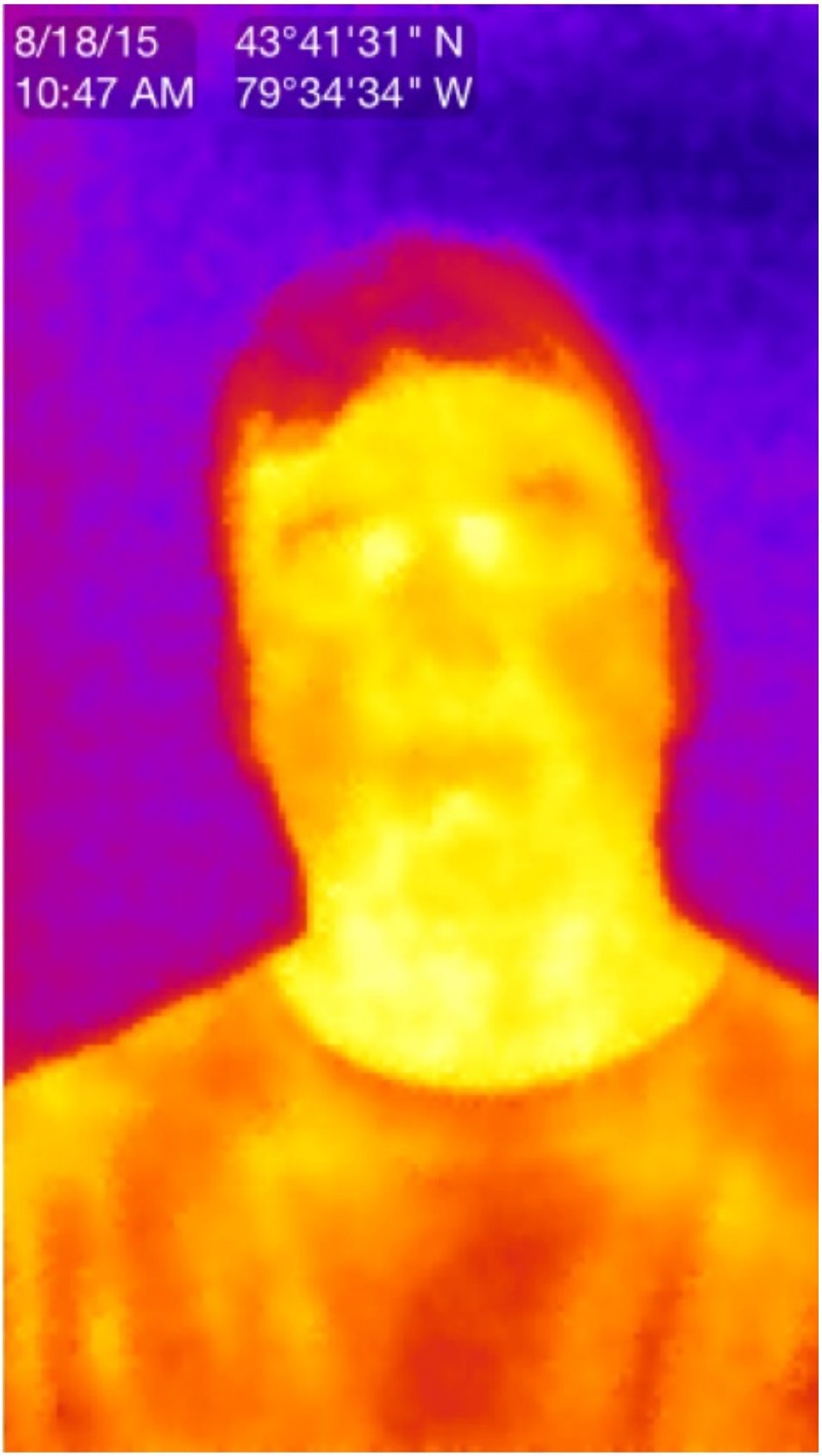

Head & Neck Anterior

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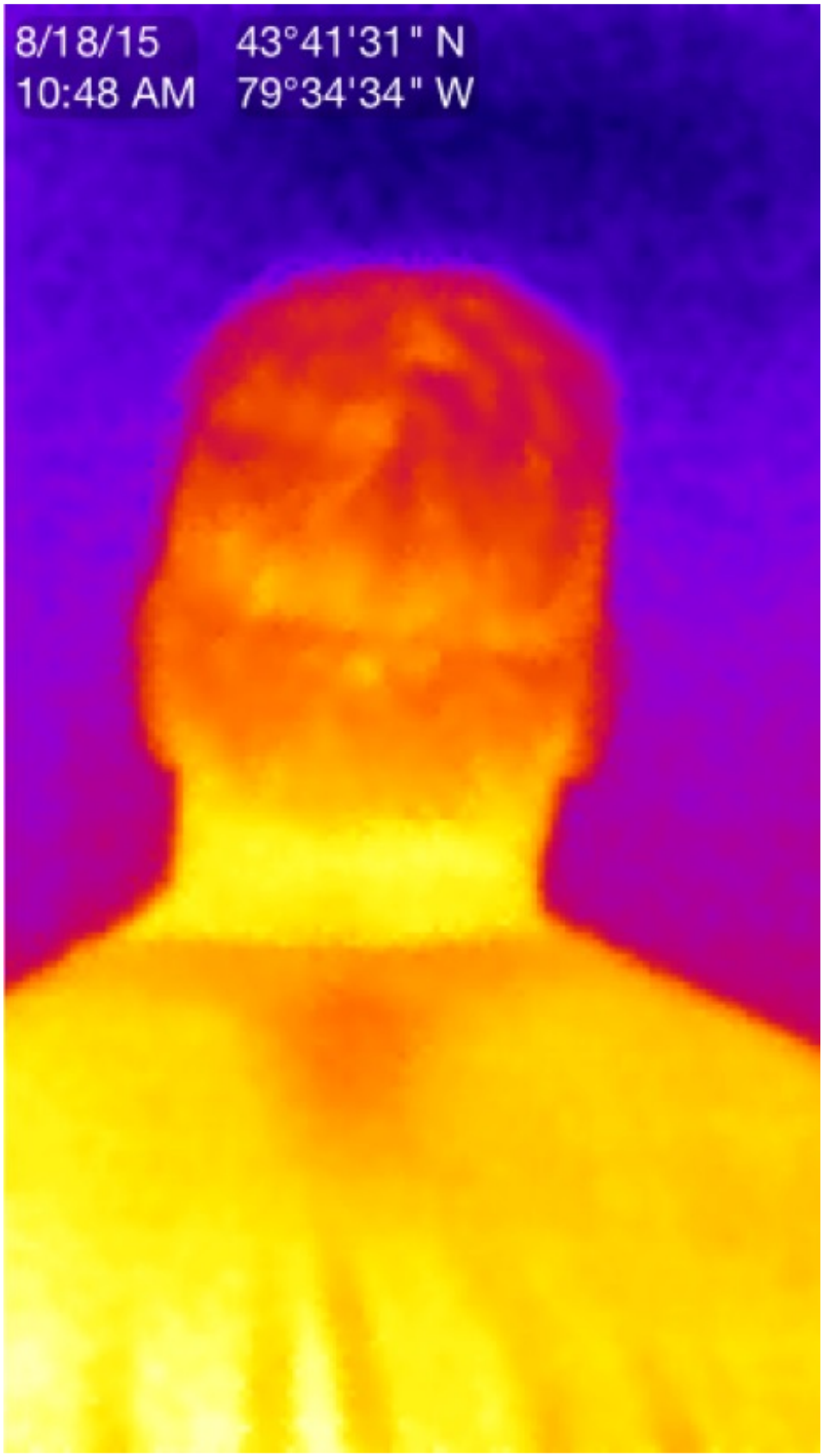

Head & Neck Posterior

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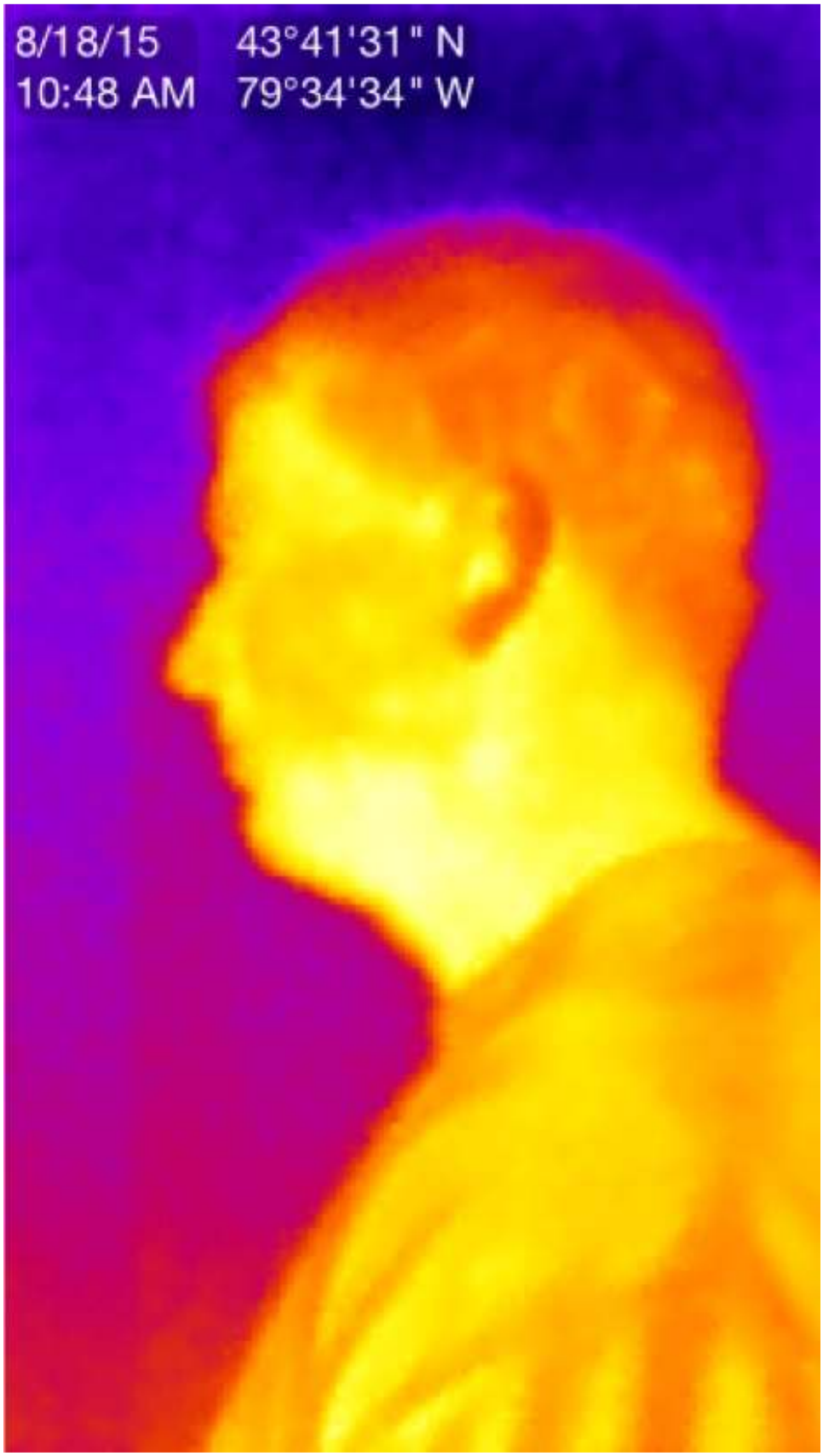

Head Left Lateral View

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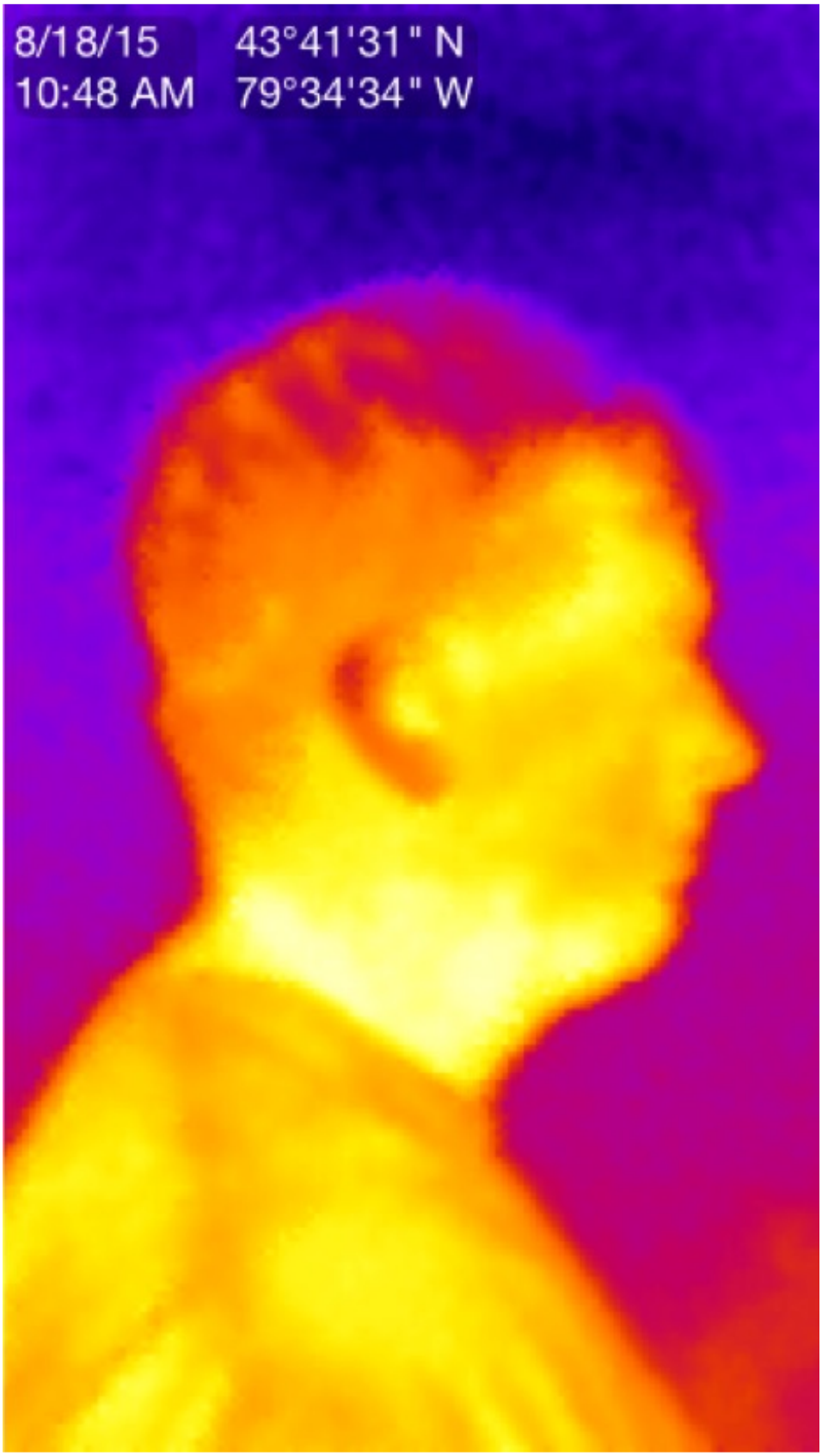

Head Right Lateral View

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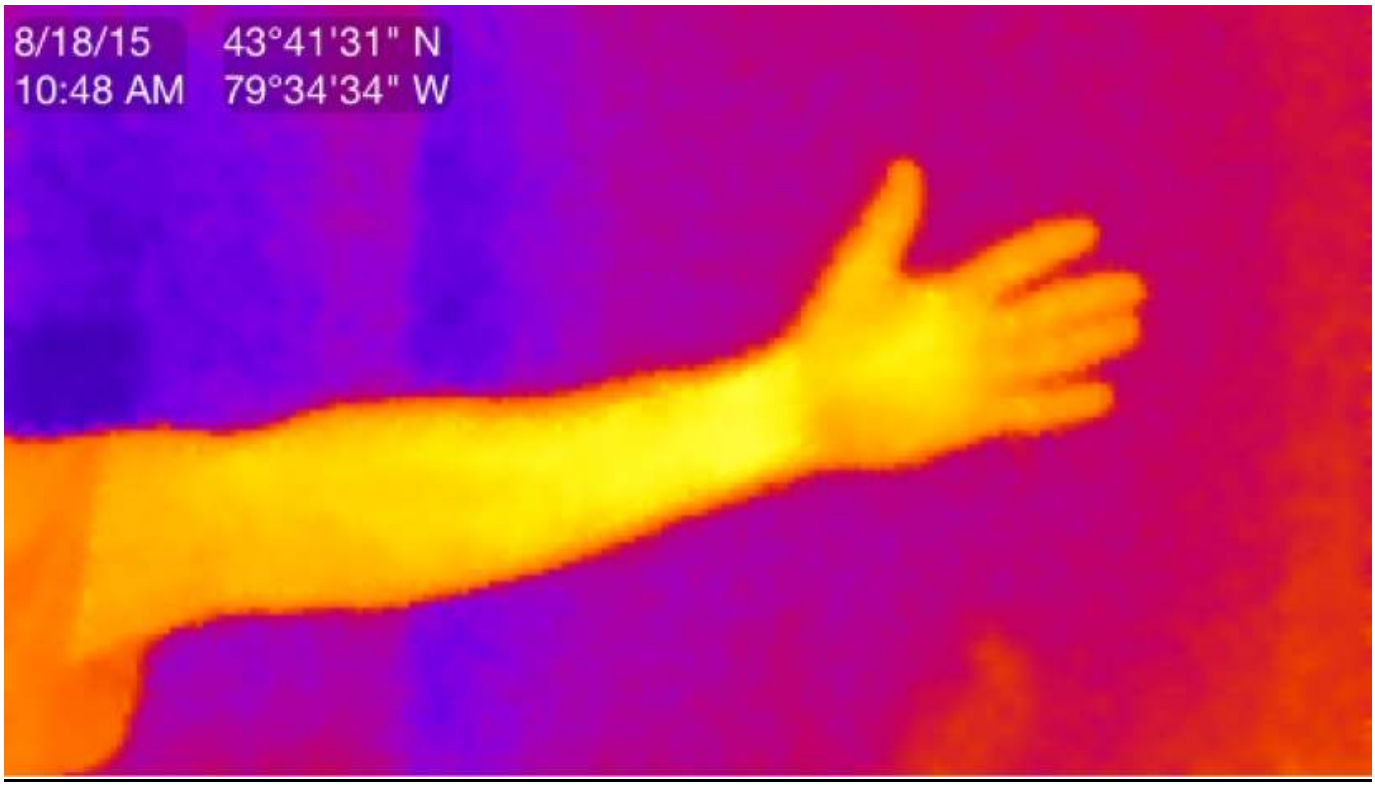
Right Arm Palmar Surface



Left Arm Palmar Surface

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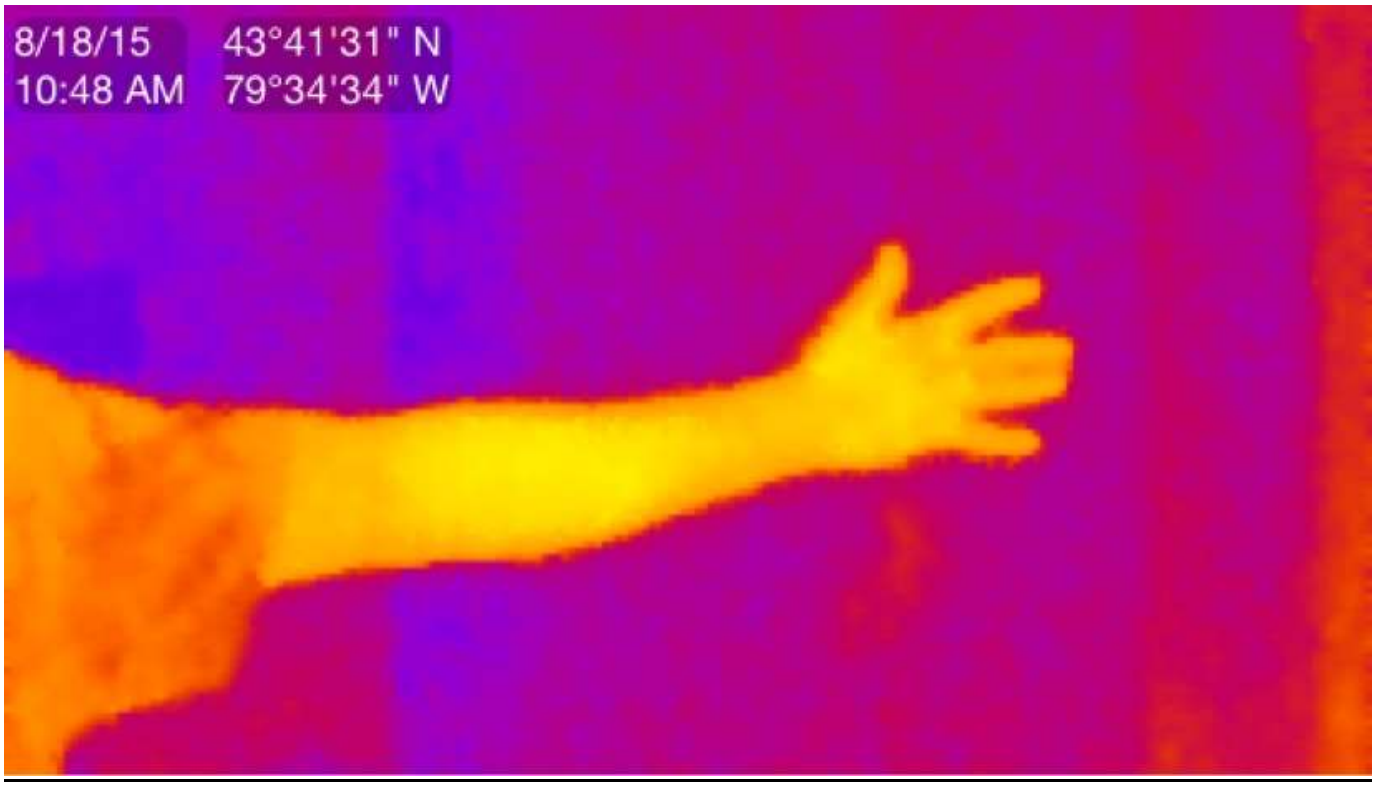
Left Arm Dorsal Surface



Right Arm Dorsal Surface

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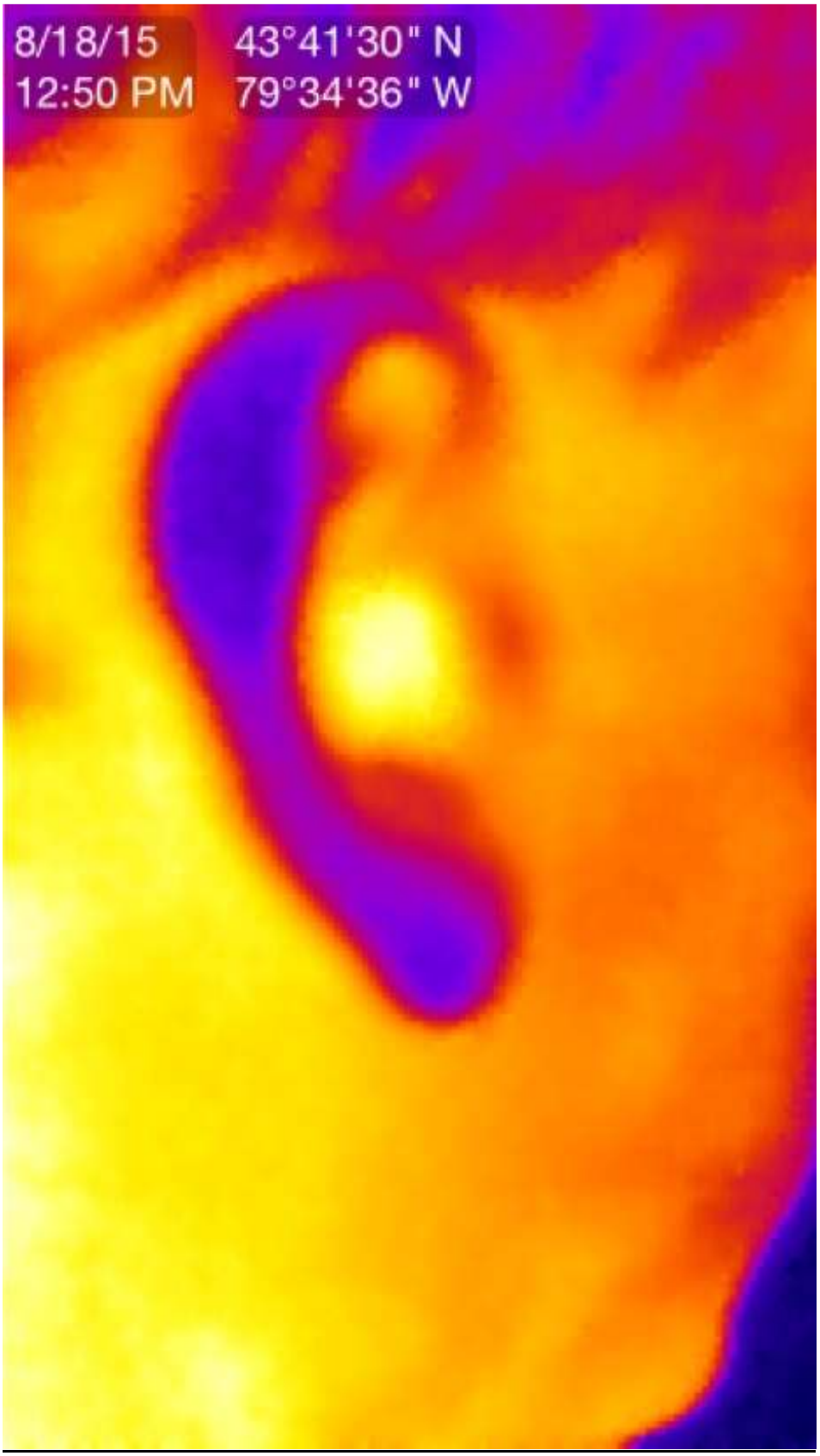

Right Ear Close Up View

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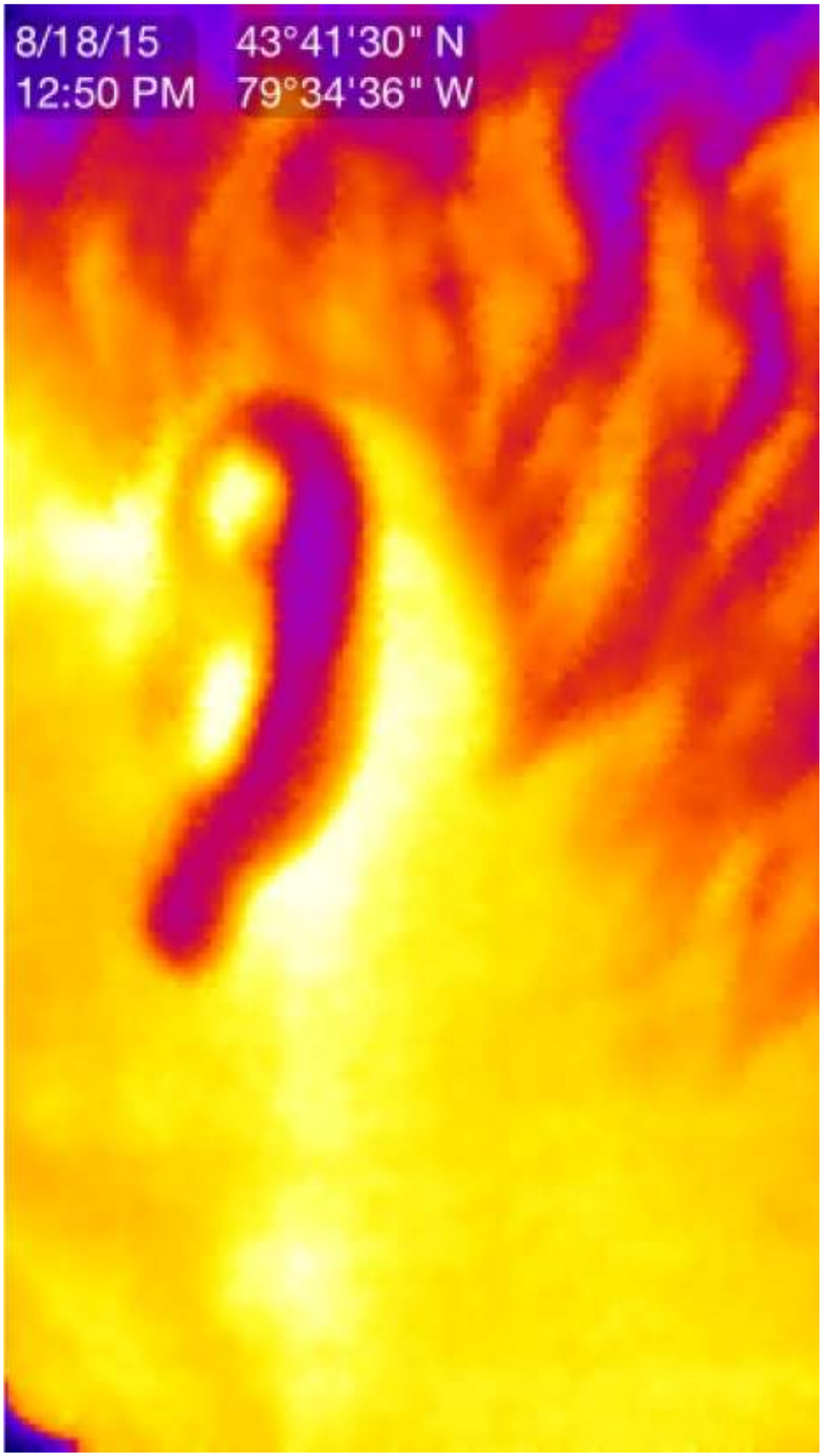

Left Ear Close Up View

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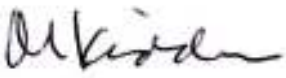
SUMMATION AND RECOMMENDATIONS

All things are made up of atoms. Atoms emit ionizing and non-ionizing radiation. Atoms in the human body emit non-ionizing radiation which can be detected as electromagnetic frequency or EMF. Normal measurements of EMF from the human body are typically 0.00-0.01μT. Dunlop's evaluation for EMF revealed higher levels of EMF emissions from his body. Dunlop stated that he has never consented and never authorized any medical experiments or programs which would allow for implantation or ingestion of devices or materials which cause increased EMF emissions from the human body.

Based on the evaluations, the points of concern for Dunlop's assessment are that his EMF readings are abnormal and there were ambient RF which were not present prior to or after his visit. In addition, his eyes reflected various hues under UV lighting and black spider lines were evident on his body under infrared inspection. These assessment results might be indicative of substances having been introduced to Dunlop's body without his consent, as well as non-consensual monitoring.

If Dunlop chooses to undergo further testing, I would recommend these locations, frequencies and issues as focal points based on the observations contained within this report.

The above statements are true and accurate to the best of my recollection.



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