STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Transportation Management Center Attribute Form

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:

Site Identification Name (SIN)	Latitude/Longitude (N/W) or State Plane Coordinate (N/E)
District:_____ County:_____	_____ = _____ _____ = _____

Equipment Racks

Bay ID:_____ Rack Number:_____ Type:☐ 2-Post ☐ 4-Post ☐Cabinet Dimension:____(L)x____(W)x____(H)	Bay ID:_____ Rack Number:_____ Type:☐ 2-Post ☐ 4-Post ☐Cabinet Dimension:____(L)x____(W)x____(H)	Bay ID:_____ Rack Number:_____ Type:☐ 2-Post ☐ 4-Post ☐Cabinet Dimension:____(L)x____(W)x____(H)
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Site Identification Name:

Fiber Optic Cables

1st Cable Installed ☐ Yes ☐ No	**2nd Cable Installed ☐ Yes ☐ No**
Cable Origination Point:	Cable Origination Point:
Cable Type: ☐ SM ☐ MM Cable Size:	Cable Type: ☐ SM ☐ MM Cable Size:
Cable Sequential Reading:_____ ☐ Ft. ☐ Meter	Cable Sequential Reading:_____ ☐ Ft. ☐ Meter
3rd Cable Installed ☐ Yes ☐ No	**4th Cable Installed ☐ Yes ☐ No**
Cable Origination Point:	Cable Origination Point:
Cable Type: ☐ SM ☐ MM Cable Size:	Cable Type: ☐ SM ☐ MM Cable Size:
Cable Sequential Reading:_____ ☐ Ft. ☐ Meter	Cable Sequential Reading:_____ ☐ Ft. ☐ Meter
5th Cable Installed ☐ Yes ☐ No	**6th Cable Installed ☐ Yes ☐ No**
Cable Origination Point:	Cable Origination Point:
Cable Type: ☐ SM ☐ MM Cable Size:	Cable Type: ☐ SM ☐ MM Cable Size:
Cable Sequential Reading:_____ ☐ Ft. ☐ Meter	Cable Sequential Reading:_____ ☐ Ft. ☐ Meter

Fiber Optic Patch Panels

1st Patch Panel Installed ☐ Yes ☐ No	**2nd Patch Panel Installed ☐ Yes ☐ No**
Bay ID: Rack Number:	Bay ID: Rack Number:
Rack Position: Top: Bottom:	Rack Position: Top Bottom:
Manufacturer:	Manufacturer:
Model: # of Ports:	Model: # of Ports:
Panel Type: ☐ Single-Mode ☐ Multi-Mode	Panel Type: ☐ Single-Mode ☐ Multi-Mode
Connector Type: ☐ ST ☐ FC ☐ SC ☐ Other ____	Connector Type: ☐ ST ☐ FC ☐ SC ☐ Other____
3rd Patch Panel Installed ☐ Yes ☐ No	**4th Patch Panel Installed ☐ Yes ☐ No**
Bay ID: Rack Number:	Bay ID: Rack Number:
Rack Position: Top: Bottom:	Rack Position: Top: Bottom:
Manufacturer:	Manufacturer:
Model: # of Ports:	Model: # of Ports:
Panel Type: ☐ Single-Mode ☐ Multi-Mode	Panel Type: ☐ Single-Mode ☐ Multi-Mode
Connector Type: ☐ ST ☐ FC ☐ SC ☐ Other____	Connector Type: ☐ ST ☐ FC ☐ SC ☐ Other____

Fiber Optic Communication Equipment

Primary Fiber Communication Device (i.e. Ethernet Switch)

Bay ID: Rack Number:	Rack Position: Top: Bottom:
Fiber Device Type:_ Input Ports:	☐ Fiber:_____ ☐ Copper:____
Manufacturer:	Output Ports: ☐ Fiber:_____ ☐ Copper:
Model:	Connector Type: ☐ ST ☐ FC ☐ SC ☐ Other_____
Serial Number:	MAC Address:
IP Address:	Firmware Version: