



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
ITS Field Equipment Site Attribute Form



ITSFM031
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 Rev. 05/19

Date: _____	Inspector: _____	Financial Project ID: _____	As-Built Drawing No: _____
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Site Identification Name (SIN) _____ District: _____ County: _____	Latitude/Longitude (N/W) or State Plane Coordinate (N/E) _____ = _____ _____ = _____
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Equipment Site Infrastructure

General Site Information	Support Structure Information
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Facility Owner: _____ County: _____ Year of Installation: _____ Distance to Travel Lane: _____ Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Lane Closure Required for Bucket Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Support Structure Type:</u> <input type="checkbox"/> Pole <input type="checkbox"/> Tower <input type="checkbox"/> Cantilever <input type="checkbox"/> Overhead Span <input type="checkbox"/> Butterfly <input type="checkbox"/> Other: _____ Support Structure Length: _____ Support Structure Above Ground Length: _____
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Equipment Cabinet Information

Cabinet Type: _____ Mount: <input type="checkbox"/> Pole <input type="checkbox"/> Pad Admin Usage: <input type="checkbox"/> ITS <input type="checkbox"/> Signal <input type="checkbox"/> Toll Exterior: <input type="checkbox"/> Alum <input type="checkbox"/> Stainless <input type="checkbox"/> Other: _____ Sun Shield Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Key Type: <input type="checkbox"/> #2 <input type="checkbox"/> #4 <input type="checkbox"/> CyberLock <input type="checkbox"/> Other: _____ Filter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Filters: _____ Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal Filter Dimensions: _____	Department Structure No: _____ <u>Support Structure Material:</u> <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ Photos: <input type="checkbox"/> Site File Name: _____ <input type="checkbox"/> Cabinet File Name: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ Cabinet Manufacture: _____ Cabinet Model: _____ Cabinet Serial Number: _____
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ITS Field Devices Installed at this Site

1 st ITS Device	2 nd ITS Device	3 rd ITS Device
Device Name: _____	Device Name: _____	Device Name: _____
ITS Device Type: _____	ITS Device Type: _____	ITS Device Type: _____

Notes:

_____ _____ _____ _____ _____
