

Closed Circuit Television Camera (CCTV) Attribute Form

ITSFM041
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Rev. 05/19

Date: _____	Inspector: _____	Site Identification Name: _____
Information for CCTV Camera Installed at this Site		
Information for CCTV	Controller for CCTV	
CCTV Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ CCTV Common Name: _____ CCTV Type: <input type="checkbox"/> Dome <input type="checkbox"/> Dome w/ Lowering Device <input type="checkbox"/> Tubular Fixed <input type="checkbox"/> Tubular w/ PTZ Mount Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Span Structure Point of Attachment (Ft): _____ Manufacturer: _____ Model: _____ Serial Number: _____ <u>Lower Device Information:</u> Manufacturer: _____ Model: _____	CCTV controller (<input type="checkbox"/> is or <input type="checkbox"/> is not) co-located at the same site as the camera. If not , include controller location Site Identification Name: _____ Controller Type: <input type="checkbox"/> Internal/POE <input type="checkbox"/> External Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Receptacle (s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other: _____		
Electric Equipment for CCTV		
Equipment Cabinet Site Identification Name: _____ _____ <u>Power Supply Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____		
<u>Data Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____		
<u>Low Voltage SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____		
<u>Video Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____		
Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____		

Site Identification Name: _____

Electrical Information for CCTV Camera Site

Cabinet Electric Panel **Cabinet Disconnect**

Date Installed yyyy-mm-dd: _____

Panel/Enclosure Type:
 Breaker Fuse Non-Fused Switch
 Fused Switch

Panel/Enclosure Voltage Rating:
 120 120/240 120/208 240 480
 600 Other _____

Panel/Enclosure Amperage Rating:
 30 60 70 80 100 125 150
 200 225 250 400 Other _____

Main Breaker Amperage Rating:
 30 40 50 60 70 80 100
 125 150 200 250 400 Other _____

Cabinet Branch Circuits Breakers

Branch Circuit Breakers (Amperage/Qty):
 15 Amp / _____ 20 Amp / _____
 30 Amp / _____ 40 Amp / _____
 60 Amp / _____ 80 Amp / _____
 100 Amp / _____ 125 Amp / _____
 150 Amp / _____ 200 Amp / _____
 Other: _____ Amp / _____

Cabinet Power Receptacles

Inside Cabinet Power Receptacle(s): Yes No
Date Installed yyyy-mm-dd: _____
Standard Receptacle Qty/Amp: _____ 15A 20A
GFI Receptacle Qty/Amp: _____ 15A 20A
Surge Power Strip Installed: Yes No

Cabinet Surge Protection

Cabinet Surge Protection Installed: Yes No
Date Installed yyyy-mm-dd: _____
Manufacturer: _____
Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

The Site (is equipped is Not equipped) with a Permanent back-up generator.

The Cabinet (is equipped is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

The Site (is equipped is Not equipped) with a Transfer Switch.
 Indoor Outdoor
Transfer Switch Type: Manual Automatic
Manufacturer: _____
Model: _____
Serial Number: _____
Input Voltage: _____ Output Voltage: _____
Phases: _____ Kilowatt Rating: _____

Permanent Stand-By Generator

Property Id: _____
Manufacturer: _____
Model: _____
Serial No.: _____
Kilowatt Rating:
Prime: _____ KW Stand-by: _____ KW
Output Voltage:
 120 120/240 240 440 480 600
 Other: _____
Number of Phases:
 Single Phase 2 Phase 3 Phase
 Unknown
Fuel Tank Type:
 Aboveground Underground Unknown
Fuel Type:
 Diesel Propane Other: _____
Fuel Capacity Gallons: _____