

ITS Facility Management System Highway Advisor Radio (HAR) Transmitter Attribute Form

ITSFM044
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Rev. 05/19

Date:	Inspector:	Financial Project ID:	Date:
Site Identification Name (SIN) _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) ____ = _____ ____ = _____	
District: _____ County: _____			
Equipment Site			
General Site Information	Radio Information		
Facility Owner: _____	Date Installed (yyyy-mm-dd): _____		
County: _____	Radio Type: <input type="checkbox"/> Highway Advisory		
Year of Installation: _____	Transmit Frequency: _____		
Device Name: _____	Frequency Band: _____		
Associated HAR Sign			
Device Type: _____	FCC Call Sign: _____		
HAR Sign #1 SIN#: _____	FCC Station Class: _____		
HAR Sign #2 SIN#: _____	Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAR Sign #3 SIN#: _____	Date Installed (yyyy-mm-dd): _____		
HAR Sign #4 SIN#: _____	Manufacturer: _____		
Electric Equipment for HAR Transmitter Site			
Equipment Cabinet Site Identification Name: _____	Model: _____		
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	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: _____		
Manufacturer: _____	NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Model/Size: _____	Manufacturer: _____		
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Model: _____		
Manufacturer: _____	IP Address: _____		
Model/Size: _____ Qty: _____	MAC Address: _____		
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Manufacturer: _____	Date Installed (yyyy-mm-dd): _____		
Model/Size: _____ Qty: _____	Manufacturer: _____		
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Model: _____		
Manufacturer: _____	Serial Number: _____		
Model/Size: _____ Qty: _____	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 HAR Transmitter Site

Cabinet Electrical Panel **Cabinet Disconnect**

Cabinet Branch Circuits Breakers

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 _____

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

Cabinet Surge Protection

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 Installed: Yes No

Date Installed yyyy-mm-dd: _____

Manufacturer: _____

Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

Permanent Stand-By Generator

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: _____

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: _____