

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 Site Infrastructure

General Site Information	Signal Cabinet Information
Year Installed: _____	Cabinet Type: _____
Facility Owner: _____ County: _____	Cabinet Mount: <input type="checkbox"/> Pole <input type="checkbox"/> Pad
Distance to Travel Lane: _____	Sun Shield Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Key Type: <input type="checkbox"/> #1A <input type="checkbox"/> #2 <input type="checkbox"/> #2A <input type="checkbox"/> #3 <input type="checkbox"/> 1365 <input type="checkbox"/> Skeleton
Lane Closure Req. for Bucket Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cyber Lock <input type="checkbox"/> Pad Lock-Key <input type="checkbox"/> Combination Lock
Signal Information	<input type="checkbox"/> Other: _____
Signal Name: _____	Filter Installed: <input type="checkbox"/> No <input type="checkbox"/> Yes /Quantity: _____
Facility Owner: _____	Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal
Signal Usage: <input type="checkbox"/> Intersection <input type="checkbox"/> Ramp	Filter Dimensions(L x W): _____
Generator Hookup : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signal Controller Information

Primary Controller	Secondary Controller Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Controller Type:</u>	<u>Controller Type:</u>
<input type="checkbox"/> NEMA Type: _____ <input type="checkbox"/> 170 Type: _____	<input type="checkbox"/> NEMA Type: _____ <input type="checkbox"/> 170 Type: _____
<input type="checkbox"/> 2070 Type: _____ <input type="checkbox"/> Special: _____	<input type="checkbox"/> 2070 Type: _____ <input type="checkbox"/> Special: _____
Ethernet Ports: _____ Serial Ports: _____	Ethernet Ports: _____ Serial Ports: _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Serial Number: _____	Serial Number: _____
IP Address: _____	IP Address: _____
MAC Address: _____	MAC Address: _____
Firmware Version: _____	Firmware Version: _____

Signal Equipment Information

Transfer Relays	Clock Unit
Date Installed (yyyy-mm-dd): _____	Date Installed (yyyy-mm-dd): _____
Manufacturer: _____	Clock Type: <input type="checkbox"/> Master Clock <input type="checkbox"/> Time Switch
Model: _____	Manufacturer: _____
Amp Rating: _____ Voltage Rating: _____	Model: _____

Signal Equipment Information

Load Switch	Flasher
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____
Conflict Monitor	Surge Arrestors
Date Installed (yyyy-mm-dd): _____ Channels: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 # of Ethernet Ports: _____ # of Serial Ports: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ Mac Address: _____	Date Installed (yyyy-mm-dd): _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____
Bus Interface	Load Resistors
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____	Date Installed (yyyy-mm-dd): _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____

Sensor/Detector Module Chassis Information

Chassis No. 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Chassis No. 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Card Slots: _____ Manufacturer: _____ Model: _____	No. of Card Slots: _____ Manufacturer: _____ Model: _____
Chassis No. 3 <input type="checkbox"/> Yes <input type="checkbox"/> No	Chassis No. 4 <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Card Slots: _____ Manufacturer: _____ Model: _____	No. of Card Slots: _____ Manufacturer: _____ Model: _____

Site Identification Name: _____

Traffic Signal Attribute Form

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Sensor/Detector Modules Information

Sensor/Detector No. 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 3 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 4 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 5 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 6 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 7 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 8 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____

Site Identification Name: _____

Traffic Signal Attribute Form

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Sensor/Detector No. 9 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 10 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 11 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 12 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 13 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 14 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 15 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____

Sensor/Detector No. 16 Yes No

Date Installed (yyy-mm-dd): _____
Type: Loop Optical Infrared Video
 Radar Wireless Other _____
Channel: Single Dual Quad
Manufacturer: _____
Model: _____
Serial Number: _____
Chassis No.: _____ Slot No.: _____