

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Tower Support Structure Attribute Form

Date: _____	Inspector: _____	Financial Project ID: _____	As-Built Drawing No: _____
Tower Support Structure (SIN) Site Name: _____ Owner: _____ County: _____		Latitude / Longitude (N/W) N = _____ W = _____	
Tower Support Structure			
Tower Information			
Facility Owner: _____ County: _____		Property ID# : _____	
Year Installed: _____		Safety Climbing Hardware: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tower Type: <input type="checkbox"/> Self-Support <input type="checkbox"/> Guyed <input type="checkbox"/> Mono Pole <input type="checkbox"/> Crank Up		Tower Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Scrap	
Tower Manufacture: _____		Antenna Structure Registration: _____	
Tower Model: _____		Aeronautical Study Number: _____	
Tower Finish: <input type="checkbox"/> Galvanized <input type="checkbox"/> Painted		Tower Structure Analysis Date: _____	
Tower Height (Ft): _____		Tower Inspection Date: _____	
Antenna Components		Communication Cables	
Year Installed: _____		<u>Communication Cable Type:</u> <input type="checkbox"/> Coax – Corrugated <input type="checkbox"/> Coax – Braided <input type="checkbox"/> Waveguide	
Antenna Manufacture: _____		<u>Communication Cable Size:</u> <input type="checkbox"/> 1/2" <input type="checkbox"/> 7/8" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> EW63 <input type="checkbox"/> EW90 <input type="checkbox"/> WE65	
Antenna Model: _____		<input type="checkbox"/> Other: _____	
Origination SIN (A Side): _____		Communication Cable Length (Ft.): _____	
Destination SIN (Z Side): _____		<u>Communication Cable Connector Type:</u> <input type="checkbox"/> 7/16 DIN <input type="checkbox"/> BNC <input type="checkbox"/> N-Type <input type="checkbox"/> UHF <input type="checkbox"/> WG63	
<u>Antenna Type:</u> <input type="checkbox"/> Dish <input type="checkbox"/> Panel <input type="checkbox"/> Yagi <input type="checkbox"/> Omni <input type="checkbox"/> Folded Dipole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<u>Antenna Polarization:</u> <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Circular <input type="checkbox"/> Dual		Warning Lights	
Antenna Direction (Azimuth in Degrees) _____		Date Installed(yyyy-mm-dd): _____	
<u>Antenna Mount:</u> <input type="checkbox"/> Direct <input type="checkbox"/> Pipe <input type="checkbox"/> Side Arm <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Structure <input type="checkbox"/> Other: _____		Beacon Type: _____	
<u>Antenna Installed Location (Tower Leg):</u> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Unknown		Beacon Manufacture: _____	
Antenna Point of Attachment (Ft.): _____		Beacon Model: _____	
Antenna Jumper Size (Pigtail): <input type="checkbox"/> 1/2" <input type="checkbox"/> 7/8" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> EW63 <input type="checkbox"/> EW90 <input type="checkbox"/> WE65 <input type="checkbox"/> Other: _____		Light Controller Manufacture: _____	
Antenna Jumper Length: _____		Light Controller Model: _____	
		Side Markers Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Side Markers Type: _____	
		Side Markers Manufacture: _____	
		Side Markers Model: _____	
		Side Markers Point-of-Attachment (Ft.): _____	