

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: _____			
Gate Information			
Gate Name: _____		Date Installed (yyyy-mm-dd): _____	
Facility Owner: _____		Electric Circuit Name: _____	
Gate Type: _____			
<input type="checkbox"/> Emergency Access Barrier Gate <input type="checkbox"/> Horizontal Warning Gate <input type="checkbox"/> Swiftgate Horizontal Warning Gate <input type="checkbox"/> Warning Gate <input type="checkbox"/> Vertical Resistance Barrier Gate <input type="checkbox"/> Vertical Counterweight Resistance Barrier Gate			
Warning Light Information			
Facility Owner: _____		Manufacturer: _____	
Date Installed (yyyy-mm-dd): _____		Model: _____	
Warning Light Type: _____			
<input type="checkbox"/> LED-Red Beacon <input type="checkbox"/> LED-Dual-Red Beacon <input type="checkbox"/> Incandescent-Red Beacon <input type="checkbox"/> Incandescent-Dual-Red Beacon <input type="checkbox"/> Strobe-Red <input type="checkbox"/> Other: _____			