

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Road Side Unit (RSU)**  
**Attribute Form**

Date: _____	Inspector: _____	Site Identification Name: _____
<b>RSU Site Information</b>		
<b>Road Side Unit</b>		
RSU Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Remote Controller SIN: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	Radio Service: <input type="checkbox"/> DSRC <input type="checkbox"/> Highway Advisory Radio <input type="checkbox"/> Land Mobile Radio <input type="checkbox"/> Leased Cellular <input type="checkbox"/> Low Band <input type="checkbox"/> Microwave <input type="checkbox"/> Motorist Aid System <input type="checkbox"/> RF Amplifier  Transmit Frequency: _____ Receive Frequency: _____ FCC License (Call Sign): _____ FCC Station Class: _____ FCC License Expiration: _____	
<b>RSU Interfaces</b>		
<b>Interface 1</b>	<b>Interface 2</b>	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
<b>Interface 3</b>	<b>Interface 4</b>	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
<b>Interface 5</b>	<b>Interface 6</b>	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Uninterrupted Power System Installed</b> <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: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____ Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____	

Site Identification Name: \_\_\_\_\_

Electrical Information for RSU Site

**Cabinet Electrical 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: \_\_\_\_\_