

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: _____			
Site Infrastructure Information			
Site Information			
Year of Installation: _____		Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to Travel Lane: _____		Lane Closure Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Structure Information			
Equipment Installed in Cabinet: <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Installed in Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cabinet Type: _____ Cabinet Manufacture: _____ Cabinet Model: _____ Cabinet Serial Number: _____ <u>Cabinet Mount:</u> <input type="checkbox"/> Pole <input type="checkbox"/> Pad <input type="checkbox"/> Strut <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Pier <input type="checkbox"/> Cantilever <input type="checkbox"/> Overhead Span Sun Shield Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Key Type: <input type="checkbox"/> #2 <input type="checkbox"/> #4 <input type="checkbox"/> CyberLock <input type="checkbox"/> Other _____ Filter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Filters _____ Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal <input type="checkbox"/> Other _____ Filter Dimensions: _____		<u>Building Type:</u> <input type="checkbox"/> Shelter-Aboveground <input type="checkbox"/> Shelter-Underground <input type="checkbox"/> City Facility <input type="checkbox"/> County Facility <input type="checkbox"/> Other Agency <input type="checkbox"/> Private Partner <input type="checkbox"/> Utility Company Facility Building Dimensions(Ft): ____ (L) x ____ (W) x ____ (H) Property ID No.: _____ <u>Building Material:</u> <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Composite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other _____	
Equipment Racks			
Bay ID: _____	Bay ID: _____	Bay ID: _____	
Rack Number: _____	Rack Number: _____	Rack Number: _____	
Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	
Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	
Bay ID: _____	Bay ID: _____	Bay ID: _____	
Rack Number: _____	Rack Number: _____	Rack Number: _____	
Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	
Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	

Site Identification Name: _____

Communication Facility Equipment Attribute Form

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Fiber Optic Cables

1st Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

2nd Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

3rd Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

4th Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

5th Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

6th Cable Installed Yes No

Cable Origination Point: _____
Cable Type: SM MM Cable Size: _____
Cable Sequential Reading: _____ Ft. Meter

Fiber Optic Patch Panels

1st Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____

2nd Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____

3rd Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____

4th Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____

5th Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____

6th Patch Panel Installed Yes No

Bay ID: _____ Rack Number: _____
Rack Position: Top: _____ Bottom: _____
Manufacturer: _____
Model: _____ # of Ports: _____
Panel Type: Single-Mode Multi-Mode
Connector Type: ST FC SC Other _____