

Date:	Inspector:	Site Identification Name:
<b>Wireless Radio Components</b>		
<b>Radio Equipment #1</b>	<b>Associated Antenna</b>	
<p>Facility Owner: _____</p> <p>County: _____</p> <p>Date Installed(yyyy-mm-dd): _____</p> <p>Radio Type:</p> <p><input type="checkbox"/> Broadcast   <input type="checkbox"/> DSRC   <input type="checkbox"/> Highway Advisory Radio</p> <p><input type="checkbox"/> Land Mobile Radio   <input type="checkbox"/> Leased Cellular</p> <p><input type="checkbox"/> Low Band   <input type="checkbox"/> Microwave   <input type="checkbox"/> Motorist Aid System</p> <p><input type="checkbox"/> RF Amplifier   <input type="checkbox"/> RFID Transceiver   <input type="checkbox"/> Satellite</p> <p><input type="checkbox"/> Spread Spectrum   <input type="checkbox"/> UHF Receiver Multi Coupler</p> <p><input type="checkbox"/> Other: _____</p> <p>Frequency Band: _____</p> <p>FCC Call Sign: _____</p> <p>FCC License Expiration Date: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p> <p>Output Ports:   <input type="checkbox"/> Fiber: _____   <input type="checkbox"/> Copper: _____</p> <p>Fiber Connector Type: _____</p> <p>Input Voltage: _____ Load/Draw Amps: _____</p>	<p>Tower SIN: _____</p> <p><u>If Tower Support Structure Attribute Form Completed</u>  <u>You Can Skip The Following Antenna Attributes</u></p> <p>Origination SIN (A Side): _____</p> <p>Destination SIN (Z Side): _____</p> <p>Antenna is built-into the Radio Unit: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Antenna Mount Type: <input type="checkbox"/> Direct   <input type="checkbox"/> Pipe   <input type="checkbox"/> Side Arm</p> <p><input type="checkbox"/> Bridge   <input type="checkbox"/> Cantilever STR   <input type="checkbox"/> Overhead STR</p> <p><input type="checkbox"/> Wall   <input type="checkbox"/> Other: _____</p> <p>Antenna Type: <input type="checkbox"/> Yagi   <input type="checkbox"/> Panel   <input type="checkbox"/> Omni   <input type="checkbox"/> Dish</p> <p><input type="checkbox"/> Other: _____</p> <p>Polarization: <input type="checkbox"/> Vertical   <input type="checkbox"/> Horizontal</p> <p>Year Installed: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Point of Attachment (Height): _____</p> <p>Antenna Location on Tower: <input type="checkbox"/> A   <input type="checkbox"/> AB   <input type="checkbox"/> AC</p> <p><input type="checkbox"/> B   <input type="checkbox"/> BC   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> Unknown</p> <p>Antenna Direction (Azimuth-Degrees): _____</p> <p>Antenna Jumper Size (Pigtail)(In): _____</p> <p>Antenna Jumper Length (Ft): _____</p> <p>Comm Cable Type: _____</p> <p>Comm Cable Size (In): _____</p> <p>Comm Cable Length (Ft): _____</p> <p>Comm Cable Connector Type: _____</p>	