



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Miscellaneous Communication Equipment
Attribute Form



ITSFM039
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 Rev. 01/18

Date: _____	Inspector: _____	Site Identification Name: _____
Communications Components		
This Equipment supports communication to the subsystems (i.e. Terminal Server, Media Converter etc.)		
Communication Equipment #1	Communication Equipment #2	
ITS Subsystem of: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ <u>Comm Device Type:</u> <input type="checkbox"/> Device Server <input type="checkbox"/> Voter <input type="checkbox"/> Ethernet Switch <input type="checkbox"/> Port Terminal Server <input type="checkbox"/> Media Convertor/Ethernet Extender <input type="checkbox"/> Multiplexer <input type="checkbox"/> Remote Terminal Unit (RTU) <input type="checkbox"/> Recorder/Player <input type="checkbox"/> Synchronized Timing System <input type="checkbox"/> Weather Receiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Controller (Choose type of controller below) <input type="checkbox"/> AVI <input type="checkbox"/> Beacon <input type="checkbox"/> CCTV Decoder <input type="checkbox"/> CCTV Encoder <input type="checkbox"/> Cable Barrier Warning System <input type="checkbox"/> DMS <input type="checkbox"/> Gate <input type="checkbox"/> HAR Sign/Transmitter <input type="checkbox"/> RWIS <input type="checkbox"/> Signal <input type="checkbox"/> VDS <input type="checkbox"/> Other: _____ <u>Communication Type:</u> <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial <input type="checkbox"/> Fiber <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Not Applicable Input Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Fiber Connector Type: _____ Input Voltage: _____ Load/Draw Amps: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	ITS Subsystem of: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ <u>Comm Device Type:</u> <input type="checkbox"/> Device Server <input type="checkbox"/> Voter <input type="checkbox"/> Ethernet Switch <input type="checkbox"/> Port Terminal Server <input type="checkbox"/> Media Convertor/Ethernet Extender <input type="checkbox"/> Multiplexer <input type="checkbox"/> Remote Terminal Unit (RTU) <input type="checkbox"/> Recorder/Player <input type="checkbox"/> Synchronized Timing System <input type="checkbox"/> Weather Receiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Controller (Choose type of controller below) <input type="checkbox"/> AVI <input type="checkbox"/> Beacon <input type="checkbox"/> CCTV Decoder <input type="checkbox"/> CCTV Encoder <input type="checkbox"/> Cable Barrier Warning System <input type="checkbox"/> DMS <input type="checkbox"/> Gate <input type="checkbox"/> HAR Sign/Transmitter <input type="checkbox"/> RWIS <input type="checkbox"/> Signal <input type="checkbox"/> VDS <input type="checkbox"/> Other: _____ <u>Communication Type:</u> <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial <input type="checkbox"/> Fiber <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Not Applicable Input Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Fiber Connector Type: _____ Input Voltage: _____ Load/Draw Amps: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	