

Date:	Inspector:	Site Identification Name:
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Equipment Cabinet Power Service Components

<input type="checkbox"/> Cabinet Electrical Panel <input type="checkbox"/> Cabinet Disconnect	Cabinet Branch Circuits Breakers
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<p>Date Installed yyyy-mm-dd: _____</p> <p><u>Panel/Enclosure Type:</u></p> <p><input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> Non-Fused Switch</p> <p><input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150</p> <p><input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400</p> <p><u>Main Breaker Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100</p> <p><input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400</p>	<p><u>Branch Circuit Breakers (Amperage/Qty):</u></p> <p><input type="checkbox"/> 15 Amp / _____ <input type="checkbox"/> 20 Amp / _____</p> <p><input type="checkbox"/> 30 Amp / _____ <input type="checkbox"/> 40 Amp / _____</p> <p><input type="checkbox"/> 60 Amp / _____ <input type="checkbox"/> 80 Amp / _____</p> <p><input type="checkbox"/> 100 Amp / _____ <input type="checkbox"/> 125 Amp / _____</p> <p><input type="checkbox"/> 150 Amp / _____ <input type="checkbox"/> 200 Amp / _____</p>
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Cabinet Power Receptacles	Cabinet Surge Protection
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<p>Inside Cabinet Power Receptacle(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Standard Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>GFI Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>Surge Power Strip Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Cabinet Surge Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Manufacturer: _____</p> <p>Model/Voltage: _____</p>
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Power Management System

<p>Power Management Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>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</p> <p style="padding-left: 40px;">Other: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p>	<p>NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p>
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Uninterrupted Power System (UPS) Installed

<p>UPS System Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p>	<p>NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Battery Type: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel <input type="checkbox"/> N/A</p> <p>Year Battery Installed / Replaced: _____</p> <p>Manufacturer: _____</p> <p>Model/Size: _____ Qty: _____</p>
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Site Identification Name: _____

Solar Power Service Installed Yes No

Solar Controller	Solar Panel & Battery
Date Installed (yyyy-mm-dd): _____	Panel Dimensions (L x W) (IN): _____ L x _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Power Rating: _____ Volts	Battery Type: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel
Solar Input Rating: _____ Amps	Date Battery Installed / Replace: _____
Load Rating: _____ Amps	Manufacturer: _____
	Model/Size: _____ Qty: _____

ITS Field Device Power Supply & Surge Protection Devices (SPD)

ITS Field Device #1	ITS Field Device #2
ITS Device Name: _____	ITS Device Name: _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
ITS Field Device #3	ITS Field Device #4
ITS Device Name: _____	ITS Device Name: _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____