

Date: _____	Inspector: _____	Site Identification Name: _____
<b>Dynamic Message Sign Information</b>		
<b>DMS Housing</b>	<b>DMS Display</b>	
DMS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Mount Type: <input type="checkbox"/> Overhead Span <input type="checkbox"/> Cantilever <input type="checkbox"/> Pole <input type="checkbox"/> Bridge <input type="checkbox"/> Wall Mast Housing Access: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Walk-in 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: (H) _____ x (L) _____ x (W) _____	DMS Matrix Type: <input type="checkbox"/> Full Pixels: _____ x _____ <input type="checkbox"/> Line _____ # of Lines _____ Characters <input type="checkbox"/> Character _____ # of Lines _____ Characters Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Other: _____	
<b>DMS Controller</b>		
Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ Communication Type: <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: _____		
<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____	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: _____	

**Electrical Information for Dynamic Message Sign Site**

<p><input type="checkbox"/> <b>Cabinet Electric Panel</b>   <input type="checkbox"/> <b>Cabinet Disconnect</b></p> <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</p> <p><input type="checkbox"/> 600   <input type="checkbox"/> Other _____</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   <input type="checkbox"/> Other _____</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   <input type="checkbox"/> Other _____</p>	<p align="center"><b>Cabinet Branch Circuits Breakers</b></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> <p><input type="checkbox"/> Other: _____ Amp / _____</p>
<p align="center"><b>Cabinet Power Receptacles</b></p> <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 align="center"><b>Cabinet Surge Protection</b></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>
<p align="center"><b>Stand-By Generator Disconnect/ Transfer Switch</b></p> <p>The Site (<input type="checkbox"/> is equipped   <input type="checkbox"/> is Not equipped) with a Permanent back-up generator.</p> <p>_____</p> <p>The Cabinet (<input type="checkbox"/> is equipped   <input type="checkbox"/> is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.</p> <p>_____</p> <p>The Site (<input type="checkbox"/> is equipped   <input type="checkbox"/> is Not equipped) with a Transfer Switch.</p> <p><input type="checkbox"/> Indoor   <input type="checkbox"/> Outdoor</p> <p>Transfer Switch Type:   <input type="checkbox"/> Manual   <input type="checkbox"/> Automatic</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>Input Voltage: _____ Output Voltage: _____</p> <p>Phases: _____ Kilowatt Rating: _____</p>	<p align="center"><b>Permanent Stand-By Generator</b></p> <p>Property Id: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial No.: _____</p> <p><u>Kilowatt Rating:</u></p> <p>Prime: _____ KW   Stand-by: _____ KW</p> <p><u>Output Voltage:</u>   <input type="checkbox"/> 120   <input type="checkbox"/> 120/240   <input type="checkbox"/> 240   <input type="checkbox"/> 440</p> <p><input type="checkbox"/> 480   <input type="checkbox"/> 600   <input type="checkbox"/> Other: _____</p> <p><u>Number of Phases:</u></p> <p><input type="checkbox"/> Single Phase   <input type="checkbox"/> 2 Phase   <input type="checkbox"/> 3 Phase   <input type="checkbox"/> Unknown</p> <p><u>Fuel Tank Type:</u></p> <p><input type="checkbox"/> Aboveground   <input type="checkbox"/> Underground   <input type="checkbox"/> Unknown</p> <p><u>Fuel Type:</u></p> <p><input type="checkbox"/> Diesel   <input type="checkbox"/> Propane   <input type="checkbox"/> Other: _____</p> <p>Fuel Capacity Gallons: _____</p>