STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ITS Facility Management System
Highway Advisor Radio (HAR) Transmitter Attribute Form

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:

Site Identification Name (SIN) _____

District:_____ County:_____

Latitude/Longitude (N/W) or State Plane Coordinate (N/E)

_____ = _____

_____ = _____

Equipment Site

General Site Information

Facility Owner:_____

County:_____

Year of Installation:_____

Device Name:_____

Associated HAR Sign

Device Type:_____

HAR Sign #1 SIN#:_____

HAR Sign #2 SIN#:_____

HAR Sign #3 SIN#:_____

HAR Sign #4 SIN#:_____

Electric Equipment for HAR Transmitter Site

Equipment Cabinet Site Identification Name:

_____

Power Supply Install/Date: ☐ Yes ☐ No_____

Manufacturer:_____

Model/Size:_____

Data Line SPD Install/Date: ☐ Yes ☐ No_____

Manufacturer:_____

Model/Size:_____Qty:_____

Low Voltage SPD Install/Date: ☐ Yes ☐ No_____

Manufacturer:_____

Model/ Voltage:_____ Qty:_____

Video Line SPD Install/Date: ☐ Yes ☐ No_____

Manufacturer:_____

Model/Size:_____ Qty:_____

Radio Information

Date Installed(yyyy-mm-dd):_____

Radio Type: ☐ Highway Advisory

Transmit Frequency:_____

Frequency Band:_____

FCC Call Sign:_____

FCC Station Class:_____

Power Management System ☐ Yes ☐ No

Date Installed (yyyy-mm-dd):_

Manufacturer:_____

Model:_____

Receptacle (s):☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Other:_____

NIC Card Installed: ☐ Yes ☐ No

Manufacturer:_____

Model:_____

IP Address:_____

MAC Address:_____

Uninterrupted Power System (UPS) Installed ☐ Yes ☐ No

Date Installed (yyyy-mm-dd):_____

Manufacturer:_____

Model:_____

Serial Number:_____

Batteries Installed: ☐ Yes ☐ No Qty:_____

Year Battery Installed / Replaced:_____

NIC Card Installed: ☐ Yes ☐ No

Manufacturer:_____

Model/Size:_____

IP Address:_____

MAC Address:_____

Electrical Information for HAR Transmitter Site

☐ Cabinet Electrical Panel ☐ Cabinet Disconnect

Date Installed yyyy-mm-dd:_____

Panel/Enclosure Type:

☐ Breaker ☐ Fuse ☐ Non-Fused Switch

☐ Fused Switch

Panel/Enclosure Voltage Rating:

☐ 120 ☐ 120/240 ☐ 120/208 ☐ 240 ☐ 480

☐ 600 ☐ Other_____

Panel/Enclosure Amperage Rating:

☐ 30 ☐ 60 ☐ 70 ☐ 80 ☐ 100 ☐ 125 ☐ 150

☐ 200 ☐ 225 ☐ 250 ☐ 400 ☐ Other_____

Main Breaker Amperage Rating:

☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 100

☐ 125 ☐ 150 ☐ 200 ☐ 250 ☐ 400 ☐ Other_____

Cabinet Branch Circuits Breakers

Branch Circuit Breakers (Amperage/Qty):

☐ 15 Amp / _____ ☐ 20 Amp / _____

☐ 30 Amp / _____ ☐ 40 Amp / _____

☐ 60 Amp / _____ ☐ 80 Amp / _____

☐ 100 Amp / _____ ☐ 125 Amp / _____

☐ 150 Amp / _____ ☐ 200 Amp / _____

☐ Other: _____ Amp / _____

Cabinet Power Receptacles

Inside Cabinet Power Receptacle(s): ☐ Yes ☐ No

Date Installed yyyy-mm-dd:_____

Standard Receptacle Qty/Amp:____ ☐15A ☐20A

GFI Receptacle Qty/Amp:_____ ☐15A ☐20A

Surge Power Strip Installed: ☐ Yes ☐ No

Cabinet Surge Protection

Cabinet Surge Protection Installed: ☐ Yes ☐ No

Date Installed yyyy-mm-dd:_____

Manufacturer:_____

Model/Voltage:_____

Stand-By Generator Disconnect/ Transfer Switch

The Site (☐ is equipped ☐ is Not equipped) with a Permanent back-up generator.

_____

The Cabinet (☐ is equipped ☐ is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

_____

The Site (☐ is equipped ☐ is Not equipped) with a Transfer Switch.

☐ Indoor ☐ Outdoor

Transfer Switch Type: ☐ Manual ☐ Automatic

Manufacturer:_____

Model:_____

Serial Number:_____

Input Voltage:_____Output Voltage:_____

Phases:_____Kilowatt Ratting:_____

Permanent Stand-By Generator

Property Id:_____

Manufacturer:_____

Model:_____

Serial No.:_____

Kilowatt Rating:

Prime: _____ KW Stand-by: _____ KW

Output Voltage:

☐ 120 ☐ 120/240 ☐ 240 ☐ 440 ☐ 480 ☐ 600

☐ Other: _____

Number of Phases:_____

☐ Single Phase ☐ 2 Phase ☐ 3 Phase

☐ Unknown

Fuel Tank Type:

☐ Aboveground ☐ Underground ☐ Unknown

Fuel Type:

☐ Diesel ☐ Propane ☐ Other: _____

Fuel Capacity Gallons:_____