

**Electronic Speed Feedback Sign (ESFS) Attribute Form**

ITSFM046  
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Rev. 05/19

Date: _____	Inspector: _____	Site Identification Name: _____
<b>Electronic Speed Feedback Sign Information</b>		
<b>ESFS Controller</b>	<b>Speed Detector</b>	
EFSS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Speed Detector Type: <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> Pavement Sensor Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
<b>Static Sign</b>	<b>Feedback Display</b>	
Date Installed (yyyy-mm-dd): _____ Sign Dimensions (Ft): (H) _____ x (W) _____ Character Height (In): _____ Posted Speed Limit (MPH): _____	Display Matrix: <input type="checkbox"/> Full <input type="checkbox"/> Character _____ # of Lines _____ Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Fiber Shutter <input type="checkbox"/> Flip Disk Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Uninterrupted Power System (UPS) Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: _____	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: _____	

**Electrical Information for Electronic Speed Feedback Site**

<b><input type="checkbox"/> Cabinet Electrical Panel   <input type="checkbox"/> Cabinet Disconnect</b>	<b>Cabinet Branch Circuits Breakers</b>
<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><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>
<b>Cabinet Power Receptacles</b>	<b>Cabinet Surge Protection</b>
<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>
<b>Stand-By Generator Disconnect/ Transfer Switch</b>	<b>Permanent Stand-By Generator</b>
<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>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></p> <p><input type="checkbox"/> 120   <input type="checkbox"/> 120/240   <input type="checkbox"/> 240   <input type="checkbox"/> 440   <input type="checkbox"/> 480   <input type="checkbox"/> 600</p> <p><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</p> <p><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>