

Date: _____	Inspector: _____	Pole Site Identification Name: _____
<b>Warning sign Information</b>		
<b>Warning Sign Details</b>	<b>Warning Sign Controller</b>	
<p>Facility Owner: _____</p> <p>County: _____</p> <p>Sign Site ID Name: _____</p> <p>Installation Date (yyyy-mm-dd): _____</p> <p>Device Name: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Warning Sign Type: <input type="checkbox"/> Crossing <input type="checkbox"/> Drawbridge <input type="checkbox"/> Fire Station <input type="checkbox"/> Fog <input type="checkbox"/> Hidden <input type="checkbox"/> One Way <input type="checkbox"/> Ped/Bike Xing <input type="checkbox"/> Rail Xing <input type="checkbox"/> School Zone <input type="checkbox"/> Stop <input type="checkbox"/> Stop Ahead <input type="checkbox"/> Truck Rollover <input type="checkbox"/> Wrong Way <input type="checkbox"/> Other _____</p> <p>Support Structure Type: <input type="checkbox"/> Pole <input type="checkbox"/> Overhead Span <input type="checkbox"/> Other _____</p>	<p>Cab Site ID Name: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p> <p>Comments: _____</p> <p>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"/> None</p> <p>Controller Type: <input type="checkbox"/> Wireless <input type="checkbox"/> Lease Comm. <input type="checkbox"/> Fiber Network Comm. <input type="checkbox"/> Copper Network Comm. <input type="checkbox"/> None</p>	
<b>Sign</b>	<b>Beacon</b>	
<p>Installation Date (yyyy-mm-dd): _____</p> <p>Sign Type: <input type="checkbox"/> Static <input type="checkbox"/> Highlighted</p> <p>Sign Text: <input type="checkbox"/> Wrong Way <input type="checkbox"/> One Way <input type="checkbox"/> School Zone <input type="checkbox"/> None <input type="checkbox"/> Other _____</p> <p>Sign Display Dimensions (W x H) inches:  (W) _____ x (H) _____</p> <p>Comments: _____</p>	<p>Installation Date (yyyy-mm-dd): _____</p> <p>Beacon Type: <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Strobe <input type="checkbox"/> Rectangular Rapid Flashing beacon</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Beacon Color: <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Other: _____</p> <p>Beacon Size: <input type="checkbox"/> 4" <input type="checkbox"/> 8" <input type="checkbox"/> 12" <input type="checkbox"/> Other: _____</p> <p>Comments: _____</p>	