STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Electronic Display Sign (EDS)
Attribute Form

Date:	Inspector:	Site Identification Name:

Electronic Display Sign Information	

Electronic Display Sign Housing	**Electronic Display Sign Controller**
TrailBlazer Name:_____	Controller Type: ☐ Internal ☐ External
Facility Owner:_____	Date Installed (yyyy-mm-dd):_____
County:_____	Manufacturer:_____
Date Installed (yyyy-mm-dd):_____	Model:_____
Manufacturer:_____	Serial Number:_____
Model:_____	IP Address:_____
Mount Type: ☐ Overhead Span ☐ Cantilever ☐ Pole	MAC Address:_____
☐ Bridge ☐ Wall Mast	Firmware Version:_____
Housing Access: ☐ Front ☐ Rear ☐ Walk-in	
Filter Installed: ☐ Yes ☐ No # of Filters:_____	
Filter Type: ☐ Paper ☐ Fabric ☐ Metal	
Filter Dimensions: (H)_____ x (L)_____ x (W)_____	

Sign Display	
Display Matrix:	Display Type:
☐ Full Pixels:____x_____	☐ LED ☐ Fiber Shutter ☐ Flip Disk
☐ Line: _____ # of Lines _____ # of Characters	☐ Other:_____
☐ Character:_____ # of Lines _____ # of Characters	Display Panel / Bulb Information:
☐ Other: _____	Manufacturer:_____
	Model:_____
	Quantity:_____