

Date:	Inspector:	Site Identification Name:
Safety Barrier Cable System Information		
SBCS Controller		Trigger & Indicator
SBCS Name: _____	Trigger Type: <input type="checkbox"/> Break Away <input type="checkbox"/> Other: _____	
Facility Owner: _____	Manufacturer: _____	
County: _____	Model: _____	
Date Installed (yyyy/mm/dd): _____	Indicator Type: <input type="checkbox"/> Amber Strobe Beacon	
Manufacturer: _____	<input type="checkbox"/> White Strobe Beacon	
Model: _____	Quantity: _____	
Serial Number: _____		