

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Highway Advisor Radio (HAR) Sign**  
**Attribute Form**

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) ____ = _____ ____ = _____	
District: _____ County: _____			
HAR Sign(s) Information			
HAR Sign Controller		HAR Sign Display	
<u>Communication Type:</u> <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Fiber		<u>Sign Display:</u> Panel Size(Ft): (H) _____ x (W) _____	
<u>Beacon Controller Type:</u> <input type="checkbox"/> Wireless <input type="checkbox"/> Lease Srv. <input type="checkbox"/> Fiber Network <input type="checkbox"/> Copper Network		<u>HAR Sign Beacon</u> <u>Beacon Type:</u> <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Strobe	
Date Installed (yyyy-mm-dd): _____		Quantity: _____	
Manufacturer: _____		<u>Beacon Color:</u>	
Model: _____		<input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Green	
Serial Number: _____		<input type="checkbox"/> Other: _____	
IP Address: _____		<u>Beacon Size:</u>	
MAC Address: _____		<input type="checkbox"/> 8" <input type="checkbox"/> 12" <input type="checkbox"/> Other: _____	
Firmware Version: _____			
Associated Highway Advisory Radio Transmitter Site Information			
HAR Name: _____		Site Identification Name: _____	