

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Tower Support Structure Attribute Form**

Date: _____	Inspector: _____	Financial Project ID: _____	As-Built Drawing No: _____
Tower Support Structure (SIN) Site Name: _____ Owner: _____ County: _____		Latitude / Longitude (N/W) N = _____ W = _____	
Tower Support Structure			
Tower Information			
Facility Owner: _____ County: _____ Year Installed: _____ Tower Type: <input type="checkbox"/> Self-Support <input type="checkbox"/> Guyed <input type="checkbox"/> Mono Pole <input type="checkbox"/> Crank Up Tower Manufacture: _____ Tower Model: _____ Tower Finish: <input type="checkbox"/> Galvanized <input type="checkbox"/> Painted Tower Height (Ft): _____		Property ID# : _____ Safety Climbing Hardware: <input type="checkbox"/> Yes <input type="checkbox"/> No Tower Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Scrap Antenna Structure Registration: _____ Aeronautical Study Number: _____ Tower Structure Analysis Date: _____ Tower Inspection Date: _____	
Antenna Components		Communication Cables	
Year Installed: _____ Antenna Manufacture: _____ Antenna Model: _____ Origination SIN (A Side): _____ Destination SIN (Z Side): _____ <u>Antenna Type:</u> <input type="checkbox"/> Dish <input type="checkbox"/> Panel <input type="checkbox"/> Yagi <input type="checkbox"/> Omni <input type="checkbox"/> Folded Dipole <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ <u>Antenna Polarization:</u> <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Circular <input type="checkbox"/> Dual Antenna Direction (Azimuth in Degrees) _____ <u>Antenna Mount:</u> <input type="checkbox"/> Direct <input type="checkbox"/> Pipe <input type="checkbox"/> Side Arm <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Structure <input type="checkbox"/> Other: _____ <u>Antenna Installed Location (Tower Leg):</u> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Unknown Antenna Point of Attachment (Ft.): _____ Antenna Jumper Size (Pigtail): <input type="checkbox"/> 1/2" <input type="checkbox"/> 7/8" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> EW63 <input type="checkbox"/> EW90 <input type="checkbox"/> WE65 <input type="checkbox"/> Other: _____ Antenna Jumper Length: _____		<u>Communication Cable Type:</u> <input type="checkbox"/> Coax – Corrugated <input type="checkbox"/> Coax – Braided <input type="checkbox"/> Waveguide <u>Communication Cable Size:</u> <input type="checkbox"/> 1/2" <input type="checkbox"/> 7/8" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> EW63 <input type="checkbox"/> EW90 <input type="checkbox"/> WE65 <input type="checkbox"/> Other: _____ Communication Cable Length (Ft.): _____ <u>Communication Cable Connector Type:</u> <input type="checkbox"/> 7/16 DIN <input type="checkbox"/> BNC <input type="checkbox"/> N-Type <input type="checkbox"/> UHF <input type="checkbox"/> WG63 <input type="checkbox"/> Other: _____	
Warning Lights			
		Date Installed(yyyy-mm-dd): _____ Beacon Type: _____ Beacon Manufacture: _____ Beacon Model: _____ Light Controller Manufacture: _____ Light Controller Model: _____ Side Markers Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Side Markers Type: _____ Side Markers Manufacture: _____ Side Markers Model: _____ Side Markers Point-of-Attachment (Ft.): _____	