

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ITS Facility Management System Electric DC Power Attribute Form



ITSFM054 Page 1 of 1 Rev. 05/19

Date:	Inspector:	Site Identification Name:
Information for DC Power Installed at this Site		
DC Power Distribution Equipment		
Date Installed (yyyy-mm-dd):		Input Voltage: ☐ 12 VDC ☐ 24 VDC ☐ - 48 VDC
Manufacturer:		☐ 120 VAC ☐ 240 VAC ☐ POE ☐ Unknown
Model:		Output Voltage: ☐ 12 VDC ☐ 24 VDC ☐ - 48 VDC
Serial Number:		☐ 120 VAC ☐ POE ☐ Unknown
NIC Card Installed: ☐ Yes ☐ No		Load/Draw (Amp):
IP Address:		Number of Rectifier Positions:
MAC Address:		Number of Breaker Positions:
Rectifier		DC-DC Converter
Rectifier Type:		DC-DC Converter Shelf Installed: ☐ Yes ☐ No
Number of Rectifier(s):		Number of Converter Positions:
Number of Converter Positions:_		Manufacturer:
Manufacturer:		Model:Quantity:
Model:		Manufacturer:
		Model:Quantity:
Control F	Panel	Battery
Control F Manufacturer:		Battery Battery Pack Installed: ☐ Yes ☐ No
		·
Manufacturer:		Battery Pack Installed: ☐ Yes ☐ No
Manufacturer:		Battery Pack Installed: ☐ Yes ☐ No Battery Type: ☐ Flooded ☐ AGM ☐ Gel
Manufacturer:		Battery Pack Installed: ☐ Yes ☐ No Battery Type: ☐ Flooded ☐ AGM ☐ Gel Date Battery Inst/Replace (yyyy-mm-dd):
Manufacturer:		Battery Pack Installed: Yes No Battery Type: Flooded AGM Gel Date Battery Inst/Replace (yyyy-mm-dd): Manufacturer:
Manufacturer:		Battery Pack Installed: Yes No Battery Type: Flooded AGM Gel Date Battery Inst/Replace (yyyy-mm-dd): Manufacturer:
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Manufacturer: Model: Serial Number:		Battery Pack Installed: Yes No Battery Type: Flooded AGM Gel Date Battery Inst/Replace (yyyy-mm-dd): Manufacturer: