

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Road Side Unit (RSU)
Attribute Form

Date: _____	Inspector: _____	Site Identification Name: _____
RSU Site Information		
Road Side Unit		
RSU Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Remote Controller SIN: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	Radio Service: <input type="checkbox"/> DSRC <input type="checkbox"/> Highway Advisory Radio <input type="checkbox"/> Land Mobile Radio <input type="checkbox"/> Leased Cellular <input type="checkbox"/> Low Band <input type="checkbox"/> Microwave <input type="checkbox"/> Motorist Aid System <input type="checkbox"/> RF Amplifier Transmit Frequency: _____ Receive Frequency: _____ FCC License (Call Sign): _____ FCC Station Class: _____ FCC License Expiration: _____	
RSU Interfaces		
Interface 1	Interface 2	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
Interface 3	Interface 4	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
Interface 5	Interface 6	
<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	<input type="checkbox"/> Bluetooth <input type="checkbox"/> Cellular <input type="checkbox"/> DSRC <input type="checkbox"/> SiriusXM <input type="checkbox"/> WIFI	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No	Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Receptacle (s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____ Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____	

Site Identification Name: _____

Electrical Information for RSU Site

Cabinet Electrical Panel **Cabinet Disconnect**

Date Installed yyyy-mm-dd: _____

Panel/Enclosure Type:
 Breaker Fuse Non-Fused Switch
 Fused Switch

Panel/Enclosure Voltage Rating:
 120 120/240 120/208 240 480
 600 Other _____

Panel/Enclosure Amperage Rating:
 30 60 70 80 100 125 150
 200 225 250 400 Other _____

Main Breaker Amperage Rating:
 30 40 50 60 70 80 100
 125 150 200 250 400 Other _____

Cabinet Branch Circuits Breakers

Branch Circuit Breakers (Amperage/Qty):

15 Amp / _____ 20 Amp / _____
 30 Amp / _____ 40 Amp / _____
 60 Amp / _____ 80 Amp / _____
 100 Amp / _____ 125 Amp / _____
 150 Amp / _____ 200 Amp / _____
 Other: _____ Amp / _____

Cabinet Power Receptacles

Inside Cabinet Power Receptacle(s): Yes No

Date Installed yyyy-mm-dd: _____

Standard Receptacle Qty/Amp: _____ 15A 20A

GFI Receptacle Qty/Amp: _____ 15A 20A

Surge Power Strip Installed: Yes No

Cabinet Surge Protection

Cabinet Surge Protection Installed: Yes No

Date Installed yyyy-mm-dd: _____

Manufacturer: _____

Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

The Site (is equipped is Not equipped) with a Permanent back-up generator.

The Cabinet (is equipped is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

The Site (is equipped is Not equipped) with a Transfer Switch.
 Indoor Outdoor
 Transfer Switch Type: Manual Automatic
 Manufacturer: _____
 Model: _____
 Serial Number: _____
 Input Voltage: _____ Output Voltage: _____
 Phases: _____ Kilowatt Rating: _____

Permanent Stand-By Generator

Property Id: _____

Manufacturer: _____

Model: _____

Serial No.: _____

Kilowatt Rating:
 Prime: _____ KW Stand-by: _____ KW

Output Voltage:
 120 120/240 240 440 480 600
 Other: _____

Number of Phases: _____
 Single Phase 2 Phase 3 Phase
 Unknown

Fuel Tank Type:
 Aboveground Underground Unknown

Fuel Type:
 Diesel Propane Other: _____

Fuel Capacity Gallons: _____