

**ITS Facility Management System
Access Point (ACC) / Repeater Point (RPT) Attribute Form**

ITSFM063
Page 1 of 2
Rev. 11/21

Date:	Inspector:	Site Identification Name:
Equipment Site		
General Information		Radio Information
Facility Owner: _____		Manufacturer: _____
County: _____		Model: _____
Point of Attachment (Ft.): _____		Serial Number: _____
Date Installed(yyyy-mm-dd): _____		IP Address: _____
Feature: <input type="checkbox"/> Access Point <input type="checkbox"/> Repeater		Firmware Version: _____
Feature Type: <input type="checkbox"/> Vehicle Detection System		Radio Frequency: _____
Usage: <input type="checkbox"/> Parking Availability <input type="checkbox"/> Vehicle Detection		Radio Channel: _____
Electric Equipment for ACC/RPT Site		Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Cabinet Site Identification Name: _____		Date Installed (yyyy-mm-dd): _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Manufacturer: _____
Manufacturer: _____		Model: _____
Model/Size: _____		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"/> _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer: _____		Manufacturer: _____
Model/Size: _____ Qty: _____		Model: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		IP Address: _____
Manufacturer: _____		MAC Address: _____
Model/ Voltage: _____ Qty: _____		Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____		Date Installed (yyyy-mm-dd): _____
_____		Manufacturer: _____
_____		Model: _____
		Serial Number: _____
		Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____
		Year Battery Installed / Replaced: _____
		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Manufacturer: _____
		Model/Size: _____
		IP Address: _____
		MAC Address: _____

Site Identification Name: _____

Electrical Information for Access Point (ACC) / Repeater Point (RPT)

Cabinet Electrical Panel Cabinet Disconnect

Cabinet Branch Circuits Breakers

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 _____

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

Cabinet Surge Protection

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 Installed: Yes No

Date Installed (yyyy-mm-dd): _____

Manufacturer: _____

Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

Permanent Stand-By Generator

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: _____

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: _____