

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: _____			
<b>Site Infrastructure Information</b>			
<b>Site Information</b>			
Year of Installation: _____		Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to Travel Lane: _____		Lane Closure Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Support Structure Information</b>			
<b>Equipment Installed in Cabinet:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Equipment Installed in Building:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cabinet Type: _____		<u>Building Type:</u>	
Cabinet Manufacture: _____		<input type="checkbox"/> Shelter-Aboveground <input type="checkbox"/> Shelter-Underground	
Cabinet Model: _____		<input type="checkbox"/> City Facility <input type="checkbox"/> County Facility <input type="checkbox"/> Other Agency	
Cabinet Serial Number: _____		<input type="checkbox"/> Private Partner <input type="checkbox"/> Utility Company Facility	
<u>Cabinet Mount:</u>		Building Dimensions(Ft): ____ (L) x ____ (W) x ____ (H)	
<input type="checkbox"/> Pole <input type="checkbox"/> Pad <input type="checkbox"/> Strut <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Pier		Property ID No.: _____	
<input type="checkbox"/> Cantilever <input type="checkbox"/> Overhead Span		<u>Building Material:</u>	
Sun Shield Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal	
Key Type: <input type="checkbox"/> #2 <input type="checkbox"/> #4 <input type="checkbox"/> CyberLock <input type="checkbox"/> Other _____		<input type="checkbox"/> Composite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Not Applicable	
Filter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Filters _____		<input type="checkbox"/> Other _____	
Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal			
<input type="checkbox"/> Other _____			
Filter Dimensions: _____			
<b>Equipment Racks</b>			
Bay ID: _____	Bay ID: _____	Bay ID: _____	
Rack Number: _____	Rack Number: _____	Rack Number: _____	
Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	
Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	
Bay ID: _____	Bay ID: _____	Bay ID: _____	
Rack Number: _____	Rack Number: _____	Rack Number: _____	
Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	Type: <input type="checkbox"/> 2-Post <input type="checkbox"/> 4-Post <input type="checkbox"/> Cabinet	
Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	Dimension: ____ (L)x ____ (W)x ____ (H)	

Site Identification Name: \_\_\_\_\_

Communication Facility Equipment Attribute Form

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**Fiber Optic Cables**

**1<sup>st</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**2<sup>nd</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**3<sup>rd</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**4<sup>th</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**5<sup>th</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**6<sup>th</sup> Cable Installed**  Yes  No

Cable Origination Point: \_\_\_\_\_  
Cable Type:  SM  MM Cable Size: \_\_\_\_\_  
Cable Sequential Reading: \_\_\_\_\_  Ft.  Meter

**Fiber Optic Patch Panels**

**1<sup>st</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_

**2<sup>nd</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_

**3<sup>rd</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_

**4<sup>th</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_

**5<sup>th</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_

**6<sup>th</sup> Patch Panel Installed**  Yes  No

Bay ID: \_\_\_\_\_ Rack Number: \_\_\_\_\_  
Rack Position: Top: \_\_\_\_\_ Bottom: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_ # of Ports: \_\_\_\_\_  
Panel Type:  Single-Mode  Multi-Mode  
Connector Type:  ST  FC  SC  Other \_\_\_\_\_