

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
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Site Identification Name (SIN) _____ District: _____ County: _____	Latitude/Longitude (N/W) or State Plane Coordinate (N/E) _____ = _____ _____ = _____
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**Equipment Site Infrastructure**

<b>General Site Information</b>	<b>Support Structure Information</b>
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Facility Owner: \_\_\_\_\_ County: \_\_\_\_\_  
 Year of Installation: \_\_\_\_\_  
 Distance to Travel Lane: \_\_\_\_\_  
 Located in Clear Zone:  Yes  No  
 Lane Closure Required for Bucket Truck:  Yes  No

Support Structure Type:  
 Pole  Tower  Cantilever  Overhead Span  
 Butterfly  Other: \_\_\_\_\_  
 Support Structure Length: \_\_\_\_\_  
 Support Structure Above Ground Length: \_\_\_\_\_

**Equipment Cabinet Information**

Cabinet Type: \_\_\_\_\_ Mount:  Pole  Pad  
 Admin Usage:  ITS  Signal  Toll  
 Exterior:  Alum  Stainless  Other: \_\_\_\_\_  
 Sun Shield Installed:  Yes  No  
 Key Type:  #2  #4  CyberLock  Other: \_\_\_\_\_  
 Filter Installed:  Yes  No # of Filters: \_\_\_\_\_  
 Filter Type:  Paper  Fabric  Metal  
 Filter Dimensions: \_\_\_\_\_

Department Structure No: \_\_\_\_\_  
Support Structure Material:  
 Wood  Concrete  Steel  Other \_\_\_\_\_  
 Photos:  Site File Name: \_\_\_\_\_  
 Cabinet File Name: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Cabinet Manufacture: \_\_\_\_\_  
 Cabinet Model: \_\_\_\_\_  
 Cabinet Serial Number: \_\_\_\_\_

**ITS Field Devices Installed at this Site**

1 <sup>st</sup> ITS Device	2 <sup>nd</sup> ITS Device	3 <sup>rd</sup> ITS Device
Device Name: _____	Device Name: _____	Device Name: _____
ITS Device Type: _____	ITS Device Type: _____	ITS Device Type: _____

**Notes:**

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