



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Miscellaneous Communication Equipment**  
**Attribute Form**



ITSFM039  
 Page 1 of 1  
 Rev. 09/24

Date: _____	Inspector: _____	Site Identification Name: _____
<b>Communications Components</b>		
This Equipment supports communication to the subsystems (i.e. Terminal Server, Media Converter etc.)		
<b>Communication Equipment #1</b>	<b>Communication Equipment #2</b>	
ITS Subsystem of: _____  Facility Owner: _____  County: _____  Date Installed (yyyy-mm-dd): _____  <u>Comm Device Type:</u> <input type="checkbox"/> Device Server <input type="checkbox"/> Voter <input type="checkbox"/> Ethernet Switch <input type="checkbox"/> Port Terminal Server <input type="checkbox"/> Media Convertor/Ethernet Extender <input type="checkbox"/> Multiplexer <input type="checkbox"/> Remote Terminal Unit (RTU) <input type="checkbox"/> Recorder/Player <input type="checkbox"/> Synchronized Timing System <input type="checkbox"/> Weather Receiver <input type="checkbox"/> Other: _____  <input type="checkbox"/> Controller (Choose type of controller below) <input type="checkbox"/> AVI <input type="checkbox"/> Beacon <input type="checkbox"/> CCTV Decoder <input type="checkbox"/> CCTV Encoder <input type="checkbox"/> Cable Barrier Warning System <input type="checkbox"/> DMS <input type="checkbox"/> Gate <input type="checkbox"/> HAR Sign/Transmitter <input type="checkbox"/> RWIS <input type="checkbox"/> Signal <input type="checkbox"/> VDS <input type="checkbox"/> Other: _____  <u>Communication Type:</u> <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial <input type="checkbox"/> Fiber <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Not Applicable  Input Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Fiber Connector Type: _____ Input Voltage: _____ Load/Draw Amps: _____  Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	ITS Subsystem of: _____  Facility Owner: _____  County: _____  Date Installed (yyyy-mm-dd): _____  <u>Comm Device Type:</u> <input type="checkbox"/> Device Server <input type="checkbox"/> Voter <input type="checkbox"/> Ethernet Switch <input type="checkbox"/> Port Terminal Server <input type="checkbox"/> Media Convertor/Ethernet Extender <input type="checkbox"/> Multiplexer <input type="checkbox"/> Remote Terminal Unit (RTU) <input type="checkbox"/> Recorder/Player <input type="checkbox"/> Synchronized Timing System <input type="checkbox"/> Weather Receiver <input type="checkbox"/> Other: _____  <input type="checkbox"/> Controller (Choose type of controller below) <input type="checkbox"/> AVI <input type="checkbox"/> Beacon <input type="checkbox"/> CCTV Decoder <input type="checkbox"/> CCTV Encoder <input type="checkbox"/> Cable Barrier Warning System <input type="checkbox"/> DMS <input type="checkbox"/> Gate <input type="checkbox"/> HAR Sign/Transmitter <input type="checkbox"/> RWIS <input type="checkbox"/> Signal <input type="checkbox"/> VDS <input type="checkbox"/> Other: _____  <u>Communication Type:</u> <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial <input type="checkbox"/> Fiber <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Not Applicable  Input Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____ Fiber Connector Type: _____ Input Voltage: _____ Load/Draw Amps: _____  Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	