

## STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

## ITS Facility Management System Electrical Equipment Attribute Form



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Date:	Inspector:	Site Identification Name:	
	Equipment Cobinet D	Dower Samina Components	
□ Cabinet Electrical Panel □ Cabinet Disconnect		Power Service Components	
☐ Cabinet Electrical Pane	EI Labinet Disconnect	Cabinet Branch Circuits Breakers	
Date Installed yyyy-mm-dd:		Branch Circuit Breakers (Amperage/Qty):	
Panel/Enclosure Type:		☐ 15 Amp / ☐ 20 Amp /	
☐ Breaker ☐ Fuse ☐ Non-Fused Switch		□ 30 Amp / □ 40 Amp /	
☐ Fused Switch		□ 60 Amp / □ 80 Amp /	
Panel/Enclosure Voltage Rating:		□ 100 Amp / □ 125 Amp /	
□ 120 □ 120/240 □ 120/208 □ 240 □ 480 □ 600		☐ 150 Amp / ☐ 200 Amp /	
Panel/Enclosure Amperage Rating:			
□ 30 □ 60 □ 70 □ 80 □ 100 □ 125 □ 150			
□ 200 □ 225 □ 250 □ 400			
Main Breaker Amperage Rating:			
□ 30 □ 40 □ 50 □ 60 □ 70 □ 80 □ 100			
□ 125 □ 150 □ 200 □ 250 □ 400			
Cabinet Power Receptacles		Cabinet Surge Protection	
Inside Cabinet Power Receptacle(s):☐ Yes ☐ No		Cabinet Surge Protection Installed: ☐ Yes ☐ No	
Date Installed yyyy-mm-dd:		Date Installed yyyy-mm-dd:	
Standard Receptacle Qty/Amp: □15A □20A		Manufacturer:	
GFI Receptacle Qty/Amp: ☐15A ☐20A		Model/Voltage:	
Surge Power Strip Installed: ☐ Yes ☐ No			
Power Management System			
Power Management Installed: ☐ Yes ☐ No		NIC Card Installed: ☐ Yes ☐ No	
Date Installed (yyyy-mm-dd):		Manufacturer:	
Receptacle (s): 1 2 3 4 5 6 7 8		Model:	
Other:		IP Address:	
Manufacturer:		MAC Address:	
Model:			
Uninterrupted Power System (UPS) Installed			
UPS System Installed: ☐ Yes ☐ No		NIC Card Installed: ☐ Yes ☐ No	
Date Installed (yyyy-mm-dd):		IP Address:	
Manufacturer:		MAC Address:	
Model:			
Serial Number:		Year Battery Installed / Replaced:	
		Manufacturer:	
		Model/Size:Qty:	

Site Identification Name:	Electrical Equipment Attribute Form
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Solar Power Servi	ce Installed 🗌 Yes 🔲 No
Solar Controller	Solar Panel & Battery
Date Installed (yyyy-mm-dd):	Panel Dimensions (L x W) (IN): L x
Manufacturer:	Manufacturer:
Model:	Model:
Power Rating:Volts	Battery Type: ☐ Flooded ☐ AGM ☐ Gel
Solar Input Rating: Amps	Date Battery Installed / Replace:
Load Rating: Amps	Manufacturer:
	Model/Size: Qty:
ITS Field Device Power Supp	ly & Surge Protection Devices (SPD)
ITS Field Device #1	ITS Field Device #2
ITS Device Name:	ITS Device Name:
Power Supply Install/Date: ☐ Yes ☐ No	Power Supply Install/Date: ☐ Yes ☐ No
Manufacturer:	
Model/Size:	
Data Line SPD Install/Date: ☐ Yes ☐ No	Data Line SPD Install/Date: ☐ Yes ☐ No
Manufacturer:	Manufacturer:
Model/Size:Qty:	
Low Voltage SPD Install/Date: ☐ Yes ☐ No	Low Voltage SPD Install/Date: ☐ Yes ☐ No
Manufacturer:	Manufacturer:
Model/ Voltage: Qty:	
Video Line SPD Install/Date: ☐ Yes ☐ No	Video Line SPD Install/Date: ☐ Yes ☐ No
Manufacturer:	Manufacturer:
Model/Size:Qty:	Model/Size: Qty:
ITS Field Device #3	ITS Field Device #4
ITS Device Name:	ITS Device Name:
Power Supply Install/Date: ☐ Yes ☐ No_	Power Supply Install/Date: ☐ Yes ☐ No
Manufacturer:	
Model/Size:	
Data Line SPD Install/Date: ☐ Yes ☐ No	
Manufacturer:	
Model/Size: Qty:	
Low Voltage SPD Install/Date: ☐ Yes ☐ No	
Manufacturer:	
Model/ Voltage: Qty:	
Video Line SPD Install/Date: ☐ Yes ☐ No	Video Line SPD Install/Date: ☐ Yes ☐ No
Manufacturer:	
Model/Size:Qty:	Model/Size: Qty: