

Site Identification Name: _____

Electrical Equipment Attribute Form

Page 2 of 2

Solar Power Service 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: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel
Solar Input Rating: _____ Amps	Date Battery Installed / Replace: _____
Load Rating: _____ Amps	Manufacturer: _____
	Model/Size: _____ Qty: _____

ITS Field Device Power Supply & Surge Protection Devices (SPD)

ITS Field Device #1	ITS Field Device #2
ITS Device Name: _____	ITS Device Name: _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____