

Date: _____	Inspector: _____	Site Identification Name: _____
Information for VDS / MVDS Installed at this Site		
Information for VDS / MVDS	Controller / Device Server for VDS / MVDS	
VDS Name: _____ Facility Owner: _____ County: _____ VDS Type : <input type="checkbox"/> Pavement Sensor <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> AVI <input type="checkbox"/> Other: _____ Installation Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Mast <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Structure <input type="checkbox"/> In-Pavement <input type="checkbox"/> Under Pavement Point of Attachment (Ft.): _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Detector controller (<input type="checkbox"/> is or <input type="checkbox"/> is not) co-located at the same site as the detector. If not , include controller location Site Identification Name: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		
<div style="background-color: #cccccc; text-align: center; padding: 2px;">Electric Equipment for VDS / MVDS</div> Equipment Cabinet Site Identification Name: _____ <hr/> Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____ Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____ Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Receptacle (s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Other: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____	
Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____	

Site Identification Name: _____

Electrical Information for VDS / MVDS Site

Cabinet Electrical Panel Cabinet Disconnect

Cabinet Branch Circuits Breakers

Date Installed yyyy-mm-dd: _____

Panel/Enclosure Type:

- Breaker Fuse Non-Fused Switch
 Fused Switch

Panel/Enclosure Voltage Rating:

- 120 120/240 120/208 240 480
 600 Other: _____

Panel/Enclosure Amperage Rating:

- 30 60 70 80 100 125 150
 200 225 250 400 Other: _____

Main Breaker Amperage Rating:

- 30 40 50 60 70 80 100
 125 150 200 250 400 Other: _____

Branch Circuit Breakers (Amperage/Qty):

- 15 Amp / _____ 20 Amp / _____
 30 Amp / _____ 40 Amp / _____
 60 Amp / _____ 80 Amp / _____
 100 Amp / _____ 125 Amp / _____
 150 Amp / _____ 200 Amp / _____
 Other: _____ Amp / _____

Cabinet Power Receptacles

Cabinet Surge Protection

Inside Cabinet Power Receptacle(s): Yes No

Date Installed yyyy-mm-dd: _____

Standard Receptacle Qty/Amp: _____ 15A 20A

GFI Receptacle Qty/Amp: _____ 15A 20A

Surge Power Strip Installed: Yes No

Cabinet Surge Protection Installed: Yes No

Date Installed yyyy-mm-dd: _____

Manufacturer: _____

Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

Permanent Stand-By Generator

The Site (is equipped is Not equipped) with a Permanent back-up generator.

The Cabinet (is equipped is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

The Site (is equipped is Not equipped) with a Transfer Switch.

Indoor Outdoor

Transfer Switch Type: Manual Automatic

Manufacturer: _____

Model: _____

Serial Number: _____

Input Voltage: _____ Output Voltage: _____

Phases: _____ Kilowatt Rating: _____

Property Id: _____

Manufacturer: _____

Model: _____

Serial No.: _____

Kilowatt Rating:

Prime: _____ KW Stand-by: _____ KW

Output Voltage:

- 120 120/240 240 440 480 600
 Other: _____

Number of Phases: _____

Single Phase 2 Phase 3 Phase

Unknown

Fuel Tank Type:

Aboveground Underground Unknown

Fuel Type:

Diesel Propane Other: _____

Fuel Capacity Gallons: _____