

Date: _____	Inspector: _____	Site Identification Name: _____
Dynamic Message Sign Information		
DMS Housing	DMS Display	
DMS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Mount Type: <input type="checkbox"/> Overhead Span <input type="checkbox"/> Cantilever <input type="checkbox"/> Pole <input type="checkbox"/> Bridge <input type="checkbox"/> Wall Mast Housing Access: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Walk-in Filter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Filters: _____ Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____ Filter Dimensions: (H) _____ x (L) _____ x (W) _____	DMS Matrix Type: <input type="checkbox"/> Full Pixels: _____ x _____ <input type="checkbox"/> Line _____ # of Lines _____ Characters <input type="checkbox"/> Character _____ # of Lines _____ Characters Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Other: _____	
DMS Controller		
Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____ <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: _____		
Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Power Management System <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: _____	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: _____	

Electrical Information for Dynamic Message Sign Site

<p><input type="checkbox"/> Cabinet Electric Panel <input type="checkbox"/> Cabinet Disconnect</p> <p>Date Installed yyyy-mm-dd: _____</p> <p><u>Panel/Enclosure Type:</u> <input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u> <input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other _____</p> <p><u>Panel/Enclosure Amperage Rating:</u> <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other _____</p> <p><u>Main Breaker Amperage Rating:</u> <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other _____</p>	<p align="center">Cabinet Branch Circuits Breakers</p> <p><u>Branch Circuit Breakers (Amperage/Qty):</u> <input type="checkbox"/> 15 Amp / _____ <input type="checkbox"/> 20 Amp / _____ <input type="checkbox"/> 30 Amp / _____ <input type="checkbox"/> 40 Amp / _____ <input type="checkbox"/> 60 Amp / _____ <input type="checkbox"/> 80 Amp / _____ <input type="checkbox"/> 100 Amp / _____ <input type="checkbox"/> 125 Amp / _____ <input type="checkbox"/> 150 Amp / _____ <input type="checkbox"/> 200 Amp / _____ <input type="checkbox"/> Other: _____ Amp / _____</p>
<p align="center">Cabinet Power Receptacles</p> <p>Inside Cabinet Power Receptacle(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Standard Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>GFI Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>Surge Power Strip Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">Cabinet Surge Protection</p> <p>Cabinet Surge Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Manufacturer: _____</p> <p>Model/Voltage: _____</p>
<p align="center">Stand-By Generator Disconnect/ Transfer Switch</p> <p>The Site (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Permanent back-up generator.</p> <p>_____</p> <p>The Cabinet (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.</p> <p>_____</p> <p>The Site (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Transfer Switch.</p> <p><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor</p> <p>Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>Input Voltage: _____ Output Voltage: _____</p> <p>Phases: _____ Kilowatt Rating: _____</p>	<p align="center">Permanent Stand-By Generator</p> <p>Property Id: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial No.: _____</p> <p><u>Kilowatt Rating:</u> Prime: _____ KW Stand-by: _____ KW</p> <p><u>Output Voltage:</u> <input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 240 <input type="checkbox"/> 440 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other: _____</p> <p><u>Number of Phases:</u> <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/> Unknown</p> <p><u>Fuel Tank Type:</u> <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Unknown</p> <p><u>Fuel Type:</u> <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____</p> <p>Fuel Capacity Gallons: _____</p>