

ITS Facility Management System Highway Advisor Radio (HAR) Transmitter Attribute Form

ITSFM044
Page 1 of 2
Rev. 09/24

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) ____ = _____ ____ = _____	
District: _____ County: _____			
Equipment Site			
General Site Information		Radio Information	
Facility Owner: _____		Date Installed (yyyy-mm-dd): _____	
County: _____		Radio Type: <input type="checkbox"/> Highway Advisory	
Year of Installation: _____		Transmit Frequency: _____	
Device Name: _____		Frequency Band: _____	
Associated HAR Sign		FCC Call Sign: _____	
Device Type: _____		FCC Station Class: _____	
HAR Sign #1 SIN#: _____		Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAR Sign #2 SIN#: _____		Date Installed (yyyy-mm-dd): _____	
HAR Sign #3 SIN#: _____		Manufacturer: _____	
HAR Sign #4 SIN#: _____		Model: _____	
Electric Equipment for HAR Transmitter Site		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	
Equipment Cabinet Site Identification Name: _____		Other: _____	
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manufacturer: _____		Manufacturer: _____	
Model/Size: _____		Model: _____	
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		IP Address: _____	
Manufacturer: _____		MAC Address: _____	
Model/Size: _____ Qty: _____		Uninterrupted Power System (UPS) Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Date Installed (yyyy-mm-dd): _____	
Manufacturer: _____		Manufacturer: _____	
Model/Size: _____ Qty: _____		Model: _____	
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Serial Number: _____	
Manufacturer: _____		Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____	
Model/Size: _____ Qty: _____		Year Battery Installed / Replaced: _____	
		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Manufacturer: _____	
		Model/Size: _____	
		IP Address: _____	
		MAC Address: _____	

Electrical Information for HAR Transmitter Site

<p><input type="checkbox"/> Cabinet Electrical 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 style="text-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 style="text-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 style="text-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 style="text-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>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>The Site (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Transfer Switch. <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Manufacturer: _____ Model: _____ Serial Number: _____ Input Voltage: _____ Output Voltage: _____ Phases: _____ Kilowatt Rating: _____</p>	<p style="text-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>