

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Roadway Weather Information System (RWIS)
Attribute Form

Date: _____	Inspector: _____	Site Identification Name: _____
RWIS Site Information		
RWIS Master Controller		
RWIS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Manufacturer: _____ Model: _____	Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	
RWIS Equipped Weather Sensors		
Air Temperature Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Precipitation Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
Visibility Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative Humidity Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
Wind Speed / Direction Combo Sensor <input type="checkbox"/> Yes <input type="checkbox"/> No	Wind Speed Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
Wind Direction Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Sensor Type: _____ _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	

Site Identification Name: _____

Solar Radiation Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	All-in-One Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Sensor Type: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ <input type="checkbox"/> Air Temperature <input type="checkbox"/> Precipitation <input type="checkbox"/> Visibility <input type="checkbox"/> Wind Direction <input type="checkbox"/> Wind Speed <input type="checkbox"/> Solar Radiation <input type="checkbox"/> Relative Humidity <input type="checkbox"/> Other _____
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No	Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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: _____	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 RWIS 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: _____