STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Warning Sign Attribute Form

Date:	Inspector:	Pole Site Identification Name:

Warning sign Information

Warning Sign Details	Warning Sign Controller

Warning Sign Details

Facility Owner:_____

County:_____

Sign Site ID Name:_____

Installation Date (yyyy-mm-dd):_____

Device Name: _____

Manufacturer:_____

Model:_____

Warning Sign Type: ☐ Crossing ☐ Drawbridge ☐ Fire Station ☐ Fog ☐ Hidden ☐ One Way ☐ Ped/Bike Xing ☐ Rail Xing ☐ School Zone ☐ Stop ☐ Stop Ahead ☐ Truck Rollover ☐ Wrong Way ☐ Other_____

Support Structure Type: ☐ Pole ☐ Overhead Span Other_____

Warning Sign Controller

Cab Site ID Name: _____

Manufacturer:_____

Model:_____

Serial Number:_____

IP Address:_____

MAC Address:_____

Firmware Version:_____

Comments:_____

Communication Type: ☐ Ethernet ☐ Ethernet/Serial ☐ Fiber ☐ Serial ☐ Wireless ☐ None

Controller Type: ☐ Wireless ☐ Lease Comm. ☐ Fiber Network Comm. ☐ Copper Network Comm. ☐ None

Sign	Beacon

Sign

Installation Date (yyyy-mm-dd):_____

Sign Type: ☐ Static ☐ Highlighted

Sign Text: ☐ Wrong Way ☐ One Way ☐ School Zone ☐ None ☐ Other_____

Sign Display Dimensions (W x H) inches:

(W)_____ x (H)_____

Comments:_____

Beacon

Installation Date (yyyy-mm-dd):_____

Beacon Type: ☐ Incandescent ☐ LED ☐ Strobe ☐ Rectangular Rapid Flashing beacon

Manufacturer:_____

Model:_____

Beacon Color: ☐ Amber ☐ Red ☐ White ☐ Blue ☐ Green ☐ Other:_____

Beacon Size: ☐ 4" ☐ 8" ☐ 12" ☐ Other:_____

Comments:_____