

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Electronic Display Sign (EDS)
Attribute Form

Date: _____	Inspector: _____	Site Identification Name: _____
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Electronic Display Sign Information

Electronic Display Sign Housing	Electronic Display Sign Controller
TrailBlazer 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 Filter Dimensions: (H)_____ x (L)_____ x (W)_____	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: _____

Sign Display

Display Matrix: <input type="checkbox"/> Full Pixels: _____ x _____ <input type="checkbox"/> Line: _____ # of Lines _____ # of Characters <input type="checkbox"/> Character: _____ # of Lines _____ # of Characters <input type="checkbox"/> Other: _____	Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Fiber Shutter <input type="checkbox"/> Flip Disk <input type="checkbox"/> Other: _____ <u>Display Panel / Bulb Information:</u> Manufacturer: _____ Model: _____ Quantity: _____
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