

## STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

## ITSFM \*\*

## ITS Facility Management System Safety Barrier Cable System (SBCS) Attribute Form

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Date:	Inspector:	Site Identification Name:
Safety Barrier Cable System Information		
SBCS Controller		Trigger & Indicator
SBCS Name:		Trigger Type: ☐ Break Away ☐ Other:
Facility Owner:		Manufacturer:
County:		Model:
Date Installed (yyyy/mm/dd):		Indicator Type: ☐ Amber Strobe Beacon
Manufacturer:		☐ White Strobe Beacon
Model:		Quantity:
Serial Number:		