STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ITS Facility Management System
Electric DC Power Attribute Form

Date:	Inspector:	Site Identification Name:

Information for DC Power Installed at this Site

DC Power Distribution Equipment

Date Installed (yyyy-mm-dd):_____

Manufacturer:_____

Model:_____

Serial Number:_____

NIC Card Installed: ☐ Yes ☐ No

IP Address:_____

MAC Address:_____

Input Voltage: ☐ 12 VDC ☐ 24 VDC ☐ - 48 VDC

☐ 120 VAC ☐ 240 VAC ☐ POE ☐ Unknown

Output Voltage: ☐ 12 VDC ☐ 24 VDC ☐ - 48 VDC

☐ 120 VAC ☐ POE ☐ Unknown

Load/Draw (Amp):_____

Number of Rectifier Positions:_____

Number of Breaker Positions:_____

Rectifier

Rectifier Type:_____

Number of Rectifier(s):_____

Number of Converter Positions:_____

Manufacturer:_____

Model:_____

DC-DC Converter

DC-DC Converter Shelf Installed: ☐ Yes ☐ No

Number of Converter Positions:_____

Manufacturer:_____

Model:_____Quantity: _____

Manufacturer:_____

Model:_____Quantity:_____

Control Panel

Manufacturer:_____

Model:_____

Serial Number:_____

Battery

Battery Pack Installed: ☐ Yes ☐ No

Battery Type: ☐ Flooded ☐ AGM ☐ Gel

Date Battery Inst/Replace (yyyy-mm-dd):_____

Manufacturer:_____

Model/Size:_____ Qty:_____

Notes & Comments:

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