



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Roadside Equipment (RSE)**  
**Attribute Form**



ITSFM062  
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 Rev.05/24

Date: _____	Inspector: _____	Equipment Cabinet Site Identification Name: _____
<b>RSE Site Information</b>		
<b>RSU (Roadside Unit)</b>	<b>RSU Antenna</b>	
RSU Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	Support Structure Site Id Name: _____ Lat/Lon & Height (For FCC Site Registration) Mounting Height _____ Lat = _____ Lon = _____ RSU Function: <input type="checkbox"/> Signalized Intersection <input type="checkbox"/> Midblock <input type="checkbox"/> Highway <input type="checkbox"/> Railroad Crossing Mount Type: _____ Comments: _____ _____	
<b>Edge Compute Device (ECD) (Cabinet mounted or installed)</b>		
Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	Controller Location: <input type="checkbox"/> External <input type="checkbox"/> Internal Comments: _____ _____ _____ _____	
<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: _____ Network Interface Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____	Manufacturer: _____ Model: _____ Serial Number: _____ Network Interface Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model/Size: _____ IP Address: _____ MAC Address: _____ Battery Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____ Year Battery Installed / Replaced: _____	

**Electrical Information for RSE Site**

Cabinet Electrical Panel	Cabinet Branch Circuit Breakers
<p>Date Installed yyyy-mm-dd: _____</p> <p><u>Panel/Enclosure Type:</u></p> <p><input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> Non-Fused Switch</p> <p><input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480</p> <p><input type="checkbox"/> 600 <input type="checkbox"/> Other _____</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150</p> <p><input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other _____</p> <p><u>Main Breaker Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100</p> <p><input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other _____</p>	<p><u>Branch Circuit Breakers (Amperage/Qty):</u></p> <p><input type="checkbox"/> 15 Amp / _____ <input type="checkbox"/> 20 Amp / _____</p> <p><input type="checkbox"/> 30 Amp / _____ <input type="checkbox"/> 40 Amp / _____</p> <p><input type="checkbox"/> 60 Amp / _____ <input type="checkbox"/> 80 Amp / _____</p> <p><input type="checkbox"/> 100 Amp / _____ <input type="checkbox"/> 125 Amp / _____</p> <p><input type="checkbox"/> 150 Amp / _____ <input type="checkbox"/> 200 Amp / _____</p> <p><input type="checkbox"/> Other: _____ Amp / _____</p>
Cabinet Power Receptacles	Cabinet Surge Protection
<p>Inside Cabinet Power Receptacle(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Standard Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>GFI Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A</p> <p>Surge Power Strip Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Cabinet Surge Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Installed yyyy-mm-dd: _____</p> <p>Manufacturer: _____</p> <p>Model/Voltage: _____</p>
Stand-By Generator Disconnect/ Transfer Switch	Permanent Stand-By Generator
<p>The Site (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Permanent back-up generator.</p> <p>_____</p> <p>The Cabinet (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.</p> <p>_____</p> <p>The Site (<input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Transfer Switch.</p> <p><input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor</p> <p>Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>Input Voltage: _____ Output Voltage: _____</p> <p>Phases: _____ Kilowatt Rating: _____</p>	<p>Property Id: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial No.: _____</p> <p><u>Kilowatt Rating:</u></p> <p>Prime: _____ KW Stand-by: _____ KW</p> <p><u>Output Voltage:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 240 <input type="checkbox"/> 440 <input type="checkbox"/> 480 <input type="checkbox"/> 600</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Number of Phases:</u></p> <p><input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase</p> <p><input type="checkbox"/> Unknown</p> <p><u>Fuel Tank Type:</u></p> <p><input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Unknown</p> <p><u>Fuel Type:</u></p> <p><input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____</p> <p>Fuel Capacity Gallons: _____</p>