

**ITS Facility Management System  
Access Point (ACC) / Repeater Point (RPT) Attribute Form**

ITSFM063  
Page 1 of 2  
Rev. 09/24

Date:	Inspector:	Site Identification Name:
<b>Equipment Site</b>		
<b>General Information</b>		<b>Radio Information</b>
Facility Owner: _____		Manufacturer: _____
County: _____		Model: _____
Point of Attachment (Ft.): _____		Serial Number: _____
Date Installed(yyyy-mm-dd): _____		IP Address: _____
Feature: <input type="checkbox"/> Access Point <input type="checkbox"/> Repeater		Firmware Version: _____
Feature Type: <input type="checkbox"/> Vehicle Detection System		Radio Frequency: _____
Usage: <input type="checkbox"/> Parking Availability <input type="checkbox"/> Vehicle Detection		Radio Channel: _____
<b>Electric Equipment for ACC/RPT Site</b>		<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Cabinet Site Identification Name: _____		Date Installed (yyyy-mm-dd): _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Manufacturer: _____
Manufacturer: _____		Model: _____
Model/Size: _____		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"/> _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer: _____		Manufacturer: _____
Model/Size: _____ Qty: _____		Model: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		IP Address: _____
Manufacturer: _____		MAC Address: _____
Model/ Voltage: _____ Qty: _____		<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____		Date Installed (yyyy-mm-dd): _____
_____		Manufacturer: _____
_____		Model: _____
		Serial Number: _____
		Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____
		Year Battery Installed / Replaced: _____
		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Manufacturer: _____
		Model/Size: _____
		IP Address: _____
		MAC Address: _____

Site Identification Name: \_\_\_\_\_

**Electrical Information for Access Point (ACC) / Repeater Point (RPT)**

**Cabinet Electrical Panel**  **Cabinet Disconnect**

**Cabinet Branch Circuits Breakers**

Date Installed (yyyy-mm-dd): \_\_\_\_\_

Panel/Enclosure Type:

Breaker  Fuse  Non-Fused Switch

Fused Switch

Panel/Enclosure Voltage Rating:

120  120/240  120/208  240  480

600  Other \_\_\_\_\_

Panel/Enclosure Amperage Rating:

30  60  70  80  100  125  150

200  225  250  400  Other \_\_\_\_\_

Main Breaker Amperage Rating:

30  40  50  60  70  80  100

125  150  200  250  400  Other \_\_\_\_\_

Branch Circuit Breakers (Amperage/Qty):

15 Amp / \_\_\_\_\_  20 Amp / \_\_\_\_\_

30 Amp / \_\_\_\_\_  40 Amp / \_\_\_\_\_

60 Amp / \_\_\_\_\_  80 Amp / \_\_\_\_\_

100 Amp / \_\_\_\_\_  125 Amp / \_\_\_\_\_

150 Amp / \_\_\_\_\_  200 Amp / \_\_\_\_\_

Other: \_\_\_\_\_ Amp / \_\_\_\_\_

**Cabinet Power Receptacles**

**Cabinet Surge Protection**

Inside Cabinet Power Receptacle(s):  Yes  No

Date Installed (yyyy-mm-dd): \_\_\_\_\_

Standard Receptacle Qty/Amp: \_\_\_\_\_  15A  20A

GFI Receptacle Qty/Amp: \_\_\_\_\_  15A  20A

Surge Power Strip Installed:  Yes  No

Cabinet Surge Protection Installed:  Yes  No

Date Installed (yyyy-mm-dd): \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model/Voltage: \_\_\_\_\_

**Stand-By Generator Disconnect/ Transfer Switch**

**Permanent Stand-By Generator**

The Site ( is equipped  is Not equipped) with a Permanent back-up generator.

The Cabinet ( is equipped  is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

The Site ( is equipped  is Not equipped) with a Transfer Switch.

Indoor  Outdoor

Transfer Switch Type:  Manual  Automatic

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Input Voltage: \_\_\_\_\_ Output Voltage: \_\_\_\_\_

Phases: \_\_\_\_\_ Kilowatt Rating: \_\_\_\_\_

Property Id: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Kilowatt Rating: Prime: \_\_\_\_\_ KW Stand-by: \_\_\_\_\_ KW

Output Voltage:

120  120/240  240  440  480  600

Other: \_\_\_\_\_

Number of Phases:

Single Phase  2 Phase  3 Phase

Unknown

Fuel Tank Type:

Aboveground  Underground  Unknown

Fuel Type:  Diesel  Propane  Other: \_\_\_\_\_

Fuel Capacity Gallons: \_\_\_\_\_