

Date:	Inspector:	Site Identification Name:
<b>Equipment Cabinet Power Service Components</b>		
<b>Cabinet Electrical Panel</b>		
Date Installed yyyy-mm-dd: _____ <u>Panel/Enclosure Type:</u> <input type="checkbox"/> Breaker <input type="checkbox"/> Fuse <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch <u>Panel/Enclosure Voltage Rating:</u> <input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <u>Panel/Enclosure Amperage Rating:</u> <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 <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <u>Main Breaker Amperage Rating:</u> <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 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400	<u>Branch Circuit Breakers (Amperage/Qty):</u> <input type="checkbox"/> 15 Amp / _____ <input type="checkbox"/> 20 Amp / _____ <input type="checkbox"/> 30 Amp / _____ <input type="checkbox"/> 40 Amp / _____ <input type="checkbox"/> 60 Amp / _____ <input type="checkbox"/> 80 Amp / _____ <input type="checkbox"/> 100 Amp / _____ <input type="checkbox"/> 125 Amp / _____ <input type="checkbox"/> 150 Amp / _____ <input type="checkbox"/> 200 Amp / _____	
<b>Cabinet Power Receptacles</b>		<b>Cabinet Surge Protection</b>
Inside Cabinet Power Receptacle(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed yyyy-mm-dd: _____ Standard Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A GFI Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A Surge Power Strip Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cabinet Surge Protection Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed yyyy-mm-dd: _____ Manufacturer: _____ Model/Voltage: _____
<b>Power Management System</b>		
Power Management Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed (yyyy-mm-dd): _____ Receptacle (s): <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> Other: _____ Manufacturer: _____ Model: _____ Serial Number: _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____
<b>Uninterrupted Power System (UPS) Installed</b>		
UPS System Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No IP Address: _____ MAC Address: _____ Battery Type: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel <input type="checkbox"/> N/A Year Battery Installed / Replaced: _____ Manufacturer: _____ Model/Size: _____ Qty: _____

Site Identification Name: _____ _____	Electrical Equipment Attribute Form Page 2 of 2
Solar Power Service Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Solar Controller</b>	<b>Solar Panel &amp; Battery</b>
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Power Rating: _____ Volts Solar Input Rating: _____ Amps Load Rating: _____ Amps	Panel Dimensions (L x W) (IN): _____ L x _____ Manufacturer: _____ Model: _____ Battery Type: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel Date Battery Installed / Replace: _____ Manufacturer: _____ Model/Size: _____ Qty: _____
ITS Field Device Power Supply & Surge Protection Devices (SPD)	
<b>ITS Field Device #1</b>	<b>ITS Field Device #2</b>
ITS Device Name: _____  Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____  Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____  Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____  Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____	ITS Device Name: _____  Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____  Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____  Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____  Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____
<b>ITS Field Device #3</b>	<b>ITS Field Device #4</b>
ITS Device Name: _____  Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____  Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____  Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____  Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____	ITS Device Name: _____  Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____  Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____  Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____  Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____