

Date: _____	Inspector: _____	Site Identification Name: _____
<b>Information for CCTV Camera Installed at this Site</b>		
<b>Information for CCTV</b>		<b>Controller for CCTV</b>
CCTV Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ CCTV Common Name: _____ CCTV Type: <input type="checkbox"/> Dome <input type="checkbox"/> Dome w/ Lowering Device <input type="checkbox"/> Tubular Fixed <input type="checkbox"/> Tubular w/ PTZ Mount Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Mast <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Span Structure Point of Attachment (Ft): _____ Manufacturer: _____ Model: _____ Serial Number: _____ <u>Lower Device Information:</u> Manufacturer: _____ Model: _____		CCTV controller ( <input type="checkbox"/> is or <input type="checkbox"/> is not) co-located at the same site as the camera. <b>If not</b> , include controller location Site Identification Name: _____ Controller Type: <input type="checkbox"/> Internal/POE <input type="checkbox"/> External Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____
		<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ Receptacle (s): <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> Other _____  NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____
<b>Electric Equipment for CCTV</b>		<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Cabinet Site Identification Name: _____  <u>Power Supply Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____  <u>Data Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____  <u>Low Voltage SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____  <u>Video Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____		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: _____

## Electrical Information for CCTV Camera Site

☐ Cabinet Electric 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

Inside Cabinet Power Receptacle(s): ☐ Yes ☐ No

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

Standard Receptacle Qty/Amp: \_\_\_\_\_ ☐ 15A ☐ 20AGFI Receptacle Qty/Amp: \_\_\_\_\_ ☐ 15A ☐ 20ASurge Power Strip Installed: ☐ Yes ☐ No

## Cabinet Surge Protection

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.

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

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

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

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

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

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: \_\_\_\_\_The Site (☐ is equipped ☐ is Not equipped) with a Transfer Switch.☐ Indoor ☐ OutdoorTransfer Switch Type: ☐ Manual ☐ Automatic

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

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

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

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

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

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