

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: _____		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
Facility Owner: _____		Site Identification Name: _____
County: _____		Manufacturer: _____
Date Installed (yyyy-mm-dd): _____		Model: _____
CCTV Common Name: _____		Serial Number: _____
CCTV Type: <input type="checkbox"/> Dome <input type="checkbox"/> Dome w/ Lowering Device		IP Address: _____
<input type="checkbox"/> Tubular Fixed <input type="checkbox"/> Tubular w/ PTZ		MAC Address: _____
Mount Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge Mast		Firmware Version: _____
<input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Span Structure		<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Point of Attachment (Ft): _____		Date Installed (yyyy-mm-dd): _____
Manufacturer: _____		Manufacturer: _____
Model: _____		Model: _____
Serial Number: _____		Serial Number: _____
<u>Lower Device Information:</u>		Receptacle (s): <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> Other _____
Manufacturer: _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Model: _____		Manufacturer: _____
<b>Electric Equipment for CCTV</b>		
Equipment Cabinet Site Identification Name: _____		
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Model: _____
Manufacturer: _____		IP Address: _____
Model/Size: _____		MAC Address: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer: _____		Date Installed (yyyy-mm-dd): _____
Model/Size: _____ Qty: _____		Manufacturer: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Model: _____
Manufacturer: _____		Serial Number: _____
Model/ Voltage: _____ Qty: _____		Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		Year Battery Installed / Replaced: _____
Manufacturer: _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Model/Size: _____ Qty: _____		Manufacturer: _____
IP Address: _____		Model/Size: _____
MAC Address: _____		IP Address: _____

**Electrical Information for CCTV Camera Site**

<input type="checkbox"/> Cabinet Electric Panel <input type="checkbox"/> Cabinet Disconnect		<b>Cabinet Branch Circuits Breakers</b>
Date Installed yyyy-mm-dd: _____		<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 / _____ <input type="checkbox"/> Other: _____ Amp / _____
<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 <input type="checkbox"/> Other _____		
<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 <input type="checkbox"/> Other _____		
<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 <input type="checkbox"/> Other _____		
<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: _____		Cabinet Surge Protection Installed: <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		Manufacturer: _____
GFI Receptacle Qty/Amp: _____ <input type="checkbox"/> 15A <input type="checkbox"/> 20A		Model/Voltage: _____
Surge Power Strip Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Stand-By Generator Disconnect/ Transfer Switch</b>		<b>Permanent Stand-By Generator</b>
The Site ( <input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Permanent back-up generator. _____		Property Id: _____ Manufacturer: _____ Model: _____ Serial No.: _____
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. _____		<u>Kilowatt Rating:</u> Prime: _____ KW Stand-by: _____ KW <u>Output Voltage:</u> <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 <input type="checkbox"/> Other: _____
The Site ( <input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Transfer Switch. <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<u>Number of Phases:</u> <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/> Unknown
Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Manufacturer: _____ Model: _____ Serial Number: _____ Input Voltage: _____ Output Voltage: _____ Phases: _____ Kilowatt Rating: _____		<u>Fuel Tank Type:</u> <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Unknown <u>Fuel Type:</u> <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____ Fuel Capacity Gallons: _____