

Date:	Inspector:	Site Identification Name:
<b>Information for VDS / MVDS Installed at this Site</b>		
<b>Information for VDS / MVDS</b>		<b>Controller / Device Server for VDS / MVDS</b>
VDS Name: _____		Detector controller ( <input type="checkbox"/> is or <input type="checkbox"/> is not) co-located at the same site as the detector. <b>If not</b> , include controller location
Facility Owner: _____		Site Identification Name: _____
County: _____		Manufacturer: _____
VDS Type : <input type="checkbox"/> Pavement Sensor <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> AVI <input type="checkbox"/> Other: _____		Model: _____
Installation 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 Structure <input type="checkbox"/> In-Pavement <input type="checkbox"/> Under Pavement		Serial Number: _____
Point of Attachment (Ft.): _____		IP Address: _____
Date Installed (yyyy-mm-dd): _____		MAC Address: _____
Manufacturer: _____		Firmware Version: _____
Model: _____		<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Serial Number: _____		Date Installed (yyyy-mm-dd): _____
<b>Electric Equipment for VDS / MVDS</b>		
Equipment Cabinet Site Identification 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>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
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: _____		

<b>Electrical Information for VDS / MVDS Site</b>		
<input type="checkbox"/> Cabinet Electrical Panel <input type="checkbox"/> Cabinet Disconnect	<b>Cabinet Branch Circuits Breakers</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 <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 _____	<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 / _____	
<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>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.  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.  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 Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Manufacturer: _____ Model: _____ Serial Number: _____ Input Voltage: _____ Output Voltage: _____ Phases: _____ Kilowatt Rating: _____	Property Id: _____ Manufacturer: _____ Model: _____ Serial No.: _____ <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: _____ <u>Number of Phases:</u> <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/> Unknown <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: _____ <u>Fuel Capacity Gallons:</u> _____	