

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Vehicle Detection System (VDS) Attribute Form

ITSFM042
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Rev. 01/26

Date: _____	Inspector: _____	Site Identification Name: _____
Information for VDS / MVDS Installed at this Site		
Information for VDS / MVDS	Controller / Device Server for VDS / MVDS	
VDS Name: _____ Facility Owner: _____ County: _____ 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: _____ 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 Point of Attachment (Ft.): _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Detector controller (<input type="checkbox"/> is or <input type="checkbox"/> is not) co-located at the same site as the detector. If not , include controller location Site Identification Name: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		
<div style="display: flex;"> <div style="width: 50%; vertical-align: top;"> Electric Equipment for VDS / MVDS 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: _____ </div> <div style="width: 50%; vertical-align: top;"> Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ 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"/> 7 <input type="checkbox"/> 8 Other: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____ </div> </div>		
Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		
<div style="display: flex;"> <div style="width: 50%;"></div> <div style="width: 50%; vertical-align: top;"> 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: _____ </div> </div>		

Site Identification Name: _____

Vehicle Detection System Attribute Form

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Electrical Information for VDS / MVDS Site☐ **Cabinet Electrical Panel** ☐ **Cabinet Disconnect****Cabinet Branch Circuits Breakers**

Date Installed yyyy-mm-dd: _____

Panel/Enclosure Type:☐ Breaker ☐ Fuse ☐ Non-Fused Switch☐ Fused SwitchPanel/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 ☐ 20AGFI Receptacle Qty/Amp: _____ ☐ 15A ☐ 20ASurge Power Strip Installed: ☐ Yes ☐ NoCabinet 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☐ UnknownFuel Tank Type:☐ Aboveground ☐ Underground ☐ UnknownFuel Type:☐ Diesel ☐ Propane ☐ Other: _____

Fuel Capacity Gallons: _____

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: _____