

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Dynamic Message Sign (DMS) Attribute Form**

ITSFM043  
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Rev. 01/26

Date: _____	Inspector: _____	Site Identification Name: _____
<b>Dynamic Message Sign Information</b>		
<p style="text-align: center; background-color: #cccccc; margin: 0;"><b>DMS Housing</b></p> <p>DMS Name: _____</p> <p>Facility Owner: _____</p> <p>County: _____</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Mount Type: <input type="checkbox"/> Overhead Span <input type="checkbox"/> Cantilever <input type="checkbox"/> Pole  <input type="checkbox"/> Bridge <input type="checkbox"/> Wall Mast</p> <p>Housing Access: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Walk-in</p> <p>Filter Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No # of Filters: _____</p> <p>Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal  <input type="checkbox"/> Other: _____</p> <p>Filter Dimensions: (H) _____ x (L) _____ x (W) _____</p>	<p style="text-align: center; background-color: #cccccc; margin: 0;"><b>DMS Display</b></p> <p>DMS Matrix Type:</p> <p><input type="checkbox"/> Full Pixels: _____ x _____</p> <p><input type="checkbox"/> Line _____ # of Lines _____ Characters</p> <p><input type="checkbox"/> Character _____ # of Lines _____ Characters</p> <p>Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Other: _____</p> <p style="text-align: center; background-color: #cccccc; margin: 0;"><b>DMS Controller</b></p> <p>Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p> <p>Communication Type: <input type="checkbox"/> Ethernet <input type="checkbox"/> Ethernet/Serial  <input type="checkbox"/> Fiber <input type="checkbox"/> Serial <input type="checkbox"/> Wireless <input type="checkbox"/> Not Applicable</p> <p>Input Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____</p> <p>Output Ports: <input type="checkbox"/> Fiber: _____ <input type="checkbox"/> Copper: _____</p> <p>Fiber Connector Type: _____</p> <p>Input Voltage: _____ Load/Draw Amps: _____</p>	
<p><b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____</p> <p>Year Battery Installed / Replaced: _____</p> <p>NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer: _____</p> <p>Model/Size: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p>	<p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>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: _____</p> <p>NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p>	

Site Identification Name: \_\_\_\_\_

Dynamic Message Sign Attribute Form

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**Electrical Information for Dynamic Message Sign 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**

**Cabinet Surge Protection**

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

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

Standard Receptacle Qty/Amp: \_\_\_\_\_ ☐ 15A ☐ 20A

GFI Receptacle Qty/Amp: \_\_\_\_\_ ☐ 15A ☐ 20A

Surge Power Strip Installed: ☐ Yes ☐ No

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: \_\_\_\_\_

The Site (☐ is equipped ☐ is Not equipped) with a Transfer Switch.

Number of Phases:

☐ Indoor ☐ Outdoor

☐ Single Phase ☐ 2 Phase ☐ 3 Phase ☐ Unknown

Transfer Switch Type: ☐ Manual ☐ Automatic

Fuel Tank Type:

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

☐ Aboveground ☐ Underground ☐ Unknown

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

Fuel Type:

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

☐ Diesel ☐ Propane ☐ Other: \_\_\_\_\_

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

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

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