

Date:	Inspector:	Site Identification Name:
<b>Dynamic Message Sign Information</b>		
<b>DMS Housing</b>		<b>DMS Display</b>
<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 <input type="checkbox"/> 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>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>		
<b>DMS Controller</b>		
<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>		
<b>Uninterrupted Power System Installed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Power Management System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<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>

## Electrical Information for Dynamic Message Sign Site

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