

ITS Facility Management System
Highway Advisor Radio (HAR) Transmitter Attribute Form

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) _____ District: _____ County: _____		Latitude/Longitude (N/W) or State Plane Coordinate (N/E) _____= _____ _____= _____	
Equipment Site			
General Site Information		Radio Information	
Facility Owner: _____ County: _____ Year of Installation: _____ Device Name: _____		Date Installed(yyyy-mm-dd): _____ Radio Type: <input type="checkbox"/> Highway Advisory Transmit Frequency: _____ Frequency Band: _____ FCC Call Sign: _____ FCC Station Class: _____	
Associated HAR Sign			
Device Type: _____ HAR Sign #1 SIN#: _____ HAR Sign #2 SIN#: _____ HAR Sign #3 SIN#: _____ HAR Sign #4 SIN#: _____		Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____ Receptacle (s): <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> Other: _____ NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ IP Address: _____ MAC Address: _____	
Electric Equipment for HAR Transmitter Site			
Equipment Cabinet Site Identification Name: _____		Uninterrupted Power System (UPS) Installed <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: _____	
<u>Power Supply Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____			
<u>Data Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____			
<u>Low Voltage SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/ Voltage: _____ Qty: _____			
<u>Video Line SPD Install/Date:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Manufacturer: _____ Model/Size: _____ Qty: _____			

Electrical Information for HAR Transmitter Site

<input type="checkbox"/> Cabinet Electrical 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>_____</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>_____</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>