

ITS Facility Management System

Highway Advisor Radio (HAR) Transmitter Attribute Form

ITSFM044
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Rev. 01/26

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

Site Identification Name: _____

Highway Advisory Radio Transmitter Attribute Form

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Electrical Information for HAR Transmitter Site

☐ Cabinet Electrical 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.

The Cabinet (☐ is equipped ☐ is Not equipped) with an External Generator Receptacle to support a Portable Back-up Generator.

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

☐ Indoor ☐ Outdoor

Transfer Switch Type: ☐ Manual ☐ Automatic

Manufacturer: _____

Model: _____

Serial Number: _____

Input Voltage: _____ Output Voltage: _____

Phases: _____ Kilowatt Rating: _____

Property Id: _____

Manufacturer: _____

Model: _____

Serial No.: _____

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

☐ Unknown

Fuel Tank Type:

☐ Aboveground ☐ Underground ☐ Unknown

Fuel Type:

☐ Diesel ☐ Propane ☐ Other: _____

Fuel Capacity Gallons: _____