

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Roadway Weather Information System (RWIS)
Attribute Form

ITSFM045
Page 1 of 3
Rev. 01/26

Date:	Inspector:	Site Identification Name:
RWIS Site Information		
RWIS Master Controller		
RWIS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External Manufacturer: _____ Model: _____		Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____
RWIS Equipped Weather Sensors		
Air Temperature Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Precipitation Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____		Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____
Visibility Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Relative Humidity Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____		Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____
Wind Speed / Direction Combo Sensor <input type="checkbox"/> Yes <input type="checkbox"/> No		Wind Speed Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____		Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____
Wind Direction Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____		Sensor Type: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____

Site Identification Name: _____		Roadway Weather Information System Attribute Form Page 2 of 3	
Solar Radiation Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		All-in-One Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sensor Type: _____		Date Installed (yyyy-mm-dd): _____	
Date Installed (yyyy-mm-dd): _____		Manufacturer: _____	
Manufacturer: _____		Model: _____	
Model: _____		Serial Number: _____	
Serial Number: _____		<input type="checkbox"/> Air Temperature <input type="checkbox"/> Precipitation <input type="checkbox"/> Visibility <input type="checkbox"/> Wind Direction <input type="checkbox"/> Wind Speed <input type="checkbox"/> Solar Radiation <input type="checkbox"/> Relative Humidity <input type="checkbox"/> Other: _____	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Installed (yyyy-mm-dd): _____		Date Installed (yyyy-mm-dd): _____	
Manufacturer: _____		Manufacturer: _____	
Model: _____		Model: _____	
Serial Number: _____		Serial Number: _____	
Receptacle (s): <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> Other: _____		Batteries Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____	
NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Battery Installed / Replaced: _____	
Manufacturer: _____		NIC Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Model: _____		Manufacturer: _____	
IP Address: _____		Model/Size: _____	
MAC Address: _____		IP Address: _____	
		MAC Address: _____	

Site Identification Name:

Roadway Weather Information System Attribute Form

Page 3 of 3

Electrical Information for RWIS 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

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 ☐ No

Cabinet Surge Protection

Cabinet Surge Protection Installed: ☐ Yes ☐ No

Date Installed yyyy-mm-dd: _____

Manufacturer: _____

Model/Voltage: _____

Stand-By Generator Disconnect/ Transfer Switch

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 ☐ OutdoorTransfer Switch Type: ☐ Manual ☐ Automatic

Manufacturer: _____

Model: _____

Serial Number: _____

Input Voltage: _____ Output Voltage: _____

Phases: _____ Kilowatt Rating: _____

Permanent Stand-By Generator

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: _____