

Date:	Inspector:	Site Identification Name:
RWIS Site Information		
RWIS Master Controller		
RWIS Name: _____	Serial Number: _____	
Facility Owner: _____	IP Address: _____	
County: _____	MAC Address: _____	
Date Installed (yyyy-mm-dd): _____	Firmware Version: _____	
Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External		
Manufacturer: _____		
Model: _____		
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): _____	Date Installed (yyyy-mm-dd): _____	
Manufacturer: _____	Manufacturer: _____	
Model: _____	Model: _____	
Serial Number: _____	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): _____	Date Installed (yyyy-mm-dd): _____	
Manufacturer: _____	Manufacturer: _____	
Model: _____	Model: _____	
Serial Number: _____	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): _____	Date Installed (yyyy-mm-dd): _____	
Manufacturer: _____	Manufacturer: _____	
Model: _____	Model: _____	
Serial Number: _____	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): _____	Sensor Type: _____	
Manufacturer: _____	_____	
Model: _____	Date Installed (yyyy-mm-dd): _____	
Serial Number: _____	Manufacturer: _____	
	Model: _____	
	Serial Number: _____	

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): _____ Manufacturer: _____ Model: _____ 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): _____ 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: _____	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: _____

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