

Date:	Inspector:	Site Identification Name:
Electronic Speed Feedback Sign Information		
ESFS Controller		Speed Detector
EFSS Name:	Speed Detector Type: <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor	
Facility Owner:	<input type="checkbox"/> Pavement Sensor	
County:	Date Installed (yyyy-mm-dd): _____	
Date Installed (yyyy-mm-dd): _____	Manufacturer: _____	
Manufacturer: _____	Model: _____	
Model: _____	Serial Number: _____	
Static Sign		Feedback Display
Date Installed (yyyy-mm-dd): _____	Display Matrix:	
Sign Dimensions (Ft): (H) _____ x (W) _____	<input type="checkbox"/> Full <input type="checkbox"/> Character _____ # of Lines _____	
Character Height (In): _____	Display Type:	
Posted Speed Limit (MPH): _____	<input type="checkbox"/> LED <input type="checkbox"/> Fiber Shutter <input type="checkbox"/> Flip Disk	
	Date Installed (yyyy-mm-dd): _____	
	Manufacturer: _____	
	Model: _____	
	Serial Number: _____	
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		Uninterrupted Power System (UPS) 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: _____	

Electrical Information for Electronic Speed Feedback 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>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><u>Fuel Capacity Gallons:</u> _____</p>