

Date:	Inspector:	Equipment Cabinet Site Identification Name:
RSE Site Information		
RSU (Roadside Unit)		RSU Antenna
RSU Name: _____		Support Structure Site Id Name: _____
Facility Owner: _____		Lat/Lon & Height (For FCC Site Registration)
County: _____		Mounting Height _____
Date Installed (yyyy-mm-dd): _____		Lat = _____
Manufacturer: _____		Lon = _____
Model: _____		RSU Function: <input type="checkbox"/> Signalized Intersection <input type="checkbox"/> Midblock
Serial Number: _____		<input type="checkbox"/> Highway <input type="checkbox"/> Railroad Crossing
IP Address: _____		Mount Type: _____
MAC Address: _____		Comments: _____
Firmware Version: _____		_____
Edge Compute Device (ECD) (Cabinet mounted or installed)		
Manufacturer: _____		Controller Location: <input type="checkbox"/> External <input type="checkbox"/> Internal
Model: _____		Comments: _____
Serial Number: _____		_____
IP Address: _____		_____
MAC Address: _____		_____
Firmware Version: _____		_____
Power Management System <input type="checkbox"/> Yes <input type="checkbox"/> No		Uninterrupted Power System Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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: _____		Network Interface Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Network Interface Card Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Manufacturer: _____
Manufacturer: _____		Model/Size: _____
Model: _____		IP Address: _____
IP Address: _____		MAC Address: _____
MAC Address: _____		Battery Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Qty: _____
		Year Battery Installed / Replaced: _____

Site Identification Name: _____

Roadside Equipment Attribute Form

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Electrical Information for RSE Site

Cabinet Electrical Panel		Cabinet Branch Circuit 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>