STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Electrical Equipment Attribute Form

ITSFM040
Page 1 of 2
Rev. 01/18

Date:	Inspector:	Site Identification Name:

Equipment Cabinet Power Service Components

☐ 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

Panel/Enclosure Amperage Rating:

☐ 30 ☐ 60 ☐ 70 ☐ 80 ☐ 100 ☐ 125 ☐ 150

☐ 200 ☐ 225 ☐ 250 ☐ 400

Main Breaker Amperage Rating:

☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 100

☐ 125 ☐ 150 ☐ 200 ☐ 250 ☐ 400

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 / _____

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:_____

Power Management System

Power Management Installed: ☐ Yes ☐ No

Date Installed (yyyy-mm-dd):_____

NIC Card Installed: ☐ Yes ☐ No

Receptacle (s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

Manufacturer:_____

Model:_____

Manufacturer:_____

Model:_____

IP Address:_____

MAC Address:_____

Uninterrupted Power System (UPS) Installed

UPS System Installed: ☐ Yes ☐ No

Date Installed (yyyy-mm-dd):_____

Manufacturer:_____

Model:_____

Serial Number:_____

NIC Card Installed: ☐ Yes ☐ No

IP Address:_____

MAC Address:_____

Battery Pack Installed: ☐ Yes ☐ No

Battery Type: ☐ Flooded ☐ AGM ☐ Gel

Year Battery Installed / Replaced:_____

Manufacturer:_____

Model/Size:_____ Qty:_____

Site Identification Name: _____

Solar Power Service Installed ☐ Yes ☐ No

Solar Controller	Solar Panel & Battery
Date Installed (yyyy-mm-dd):_____	Panel Dimensions (L x W) (IN):_____ L x_____
Manufacturer:_____	Manufacturer:_____
Model:_____	Model:_____
Power Rating:_____ Volts	Battery Type: ☐ Flooded ☐ AGM ☐ Gel
Solar Input Rating:_____ Amps	Date Battery Installed / Replace:_____
Load Rating:_____ Amps	Manufacturer:_____
	Model/Size:_____ Qty:_____

ITS Field Device Power Supply & Surge Protection Devices (SPD)

ITS Field Device #1	ITS Field Device #2
ITS Device Name:	ITS Device Name:
Power Supply Install/Date: ☐ Yes ☐ No_____	Power Supply Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____	Model/Size:_____
Data Line SPD Install/Date: ☐ Yes ☐ No_____	Data Line SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____ Qty:_____	Model/Size:_____ Qty:_____
Low Voltage SPD Install/Date: ☐ Yes ☐ No_____	Low Voltage SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/ Voltage:_____ Qty:_____	Model/ Voltage:_____ Qty:_____
Video Line SPD Install/Date: ☐ Yes ☐ No_____	Video Line SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____ Qty:_____	Model/Size:_____ Qty:_____
ITS Field Device #3	**ITS Field Device #4**
ITS Device Name:	ITS Device Name:
Power Supply Install/Date: ☐ Yes ☐ No_____	Power Supply Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____	Model/Size:_____
Data Line SPD Install/Date: ☐ Yes ☐ No_____	Data Line SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____ Qty:_____	Model/Size:_____ Qty:_____
Low Voltage SPD Install/Date: ☐ Yes ☐ No_____	Low Voltage SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/ Voltage:_____ Qty:_____	Model/ Voltage:_____ Qty:_____
Video Line SPD Install/Date: ☐ Yes ☐ No_____	Video Line SPD Install/Date: ☐ Yes ☐ No_____
Manufacturer:_____	Manufacturer:_____
Model/Size:_____ Qty:_____	Model/Size:_____ Qty:_____