STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Closed Circuit Television Camera (CCTV) Attribute Form

ITSFM041
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Rev. 01/18

Date:	Inspector:	Site Identification Name:
		- - - -

Information for CCTV Camera Installed at this Site

Information for CCTV (A)	**Information for CCTV (B)**
Facility Owner:	Facility Owner:
County:	County:
Date Installed (yyyy-mm-dd):	Date Installed (yyyy-mm-dd):
CCTV Common Name:	CCTV Common Name:
CCTV Type: ☐ Dome ☐ Dome w/ Lowering Device ☐ Tubular Fixed ☐ Tubular w/ PTZ	CCTV Type: ☐ Dome ☐ Dome w/ Lowering Device ☐ Tubular Fixed ☐ Tubular w/ PTZ
Mount Type: ☐ Pole ☐ Wall ☐ Bridge ☐ Cantilever Structure ☐ Overhead Span Structure	Mount Type: ☐ Pole ☐ Wall ☐ Bridge ☐ Cantilever Structure ☐ Overhead Span Structure
Point of Attachment (Ft):	Point of Attachment (Ft):
Manufacturer:	Manufacturer:
Model:	Model:
Serial Number:	Serial Number:
Lower Device Information:	Lower Device Information:
Manufacturer:	Manufacturer:
Model:	Model:

Controller for CCTV (A)	**Controller for CCTV (B)**
The CCTV controller (☐is or ☐ is not) co-located at the same site as the camera. If not, include controller location below:	The CCTV controller (☐is or ☐ is not) co-located at the same site as the camera. If not, include controller location below:
Site Identification Name:	Site Identification Name:
Controller Type: ☐ Internal ☐ External	Controller Type: ☐ Internal ☐ External
Manufacturer:	Manufacturer:
Model:	Model:
Serial Number:	Serial Number:
IP Address:	IP Address:
MAC Address:	MAC Address:
Firmware Version:	Firmware Version: