

Date: _____	Inspector: _____	Site Identification Name: - - - -
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Information for 1st Vehicle Detector Installed at this Site

<p>VDS Name: _____</p> <p>Facility Owner: _____</p> <p>County: _____</p> <p>VDS Type: <input type="checkbox"/> Pavement Sensor <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> AVI <input type="checkbox"/> Other : _____</p> <p>Installation Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Structure <input type="checkbox"/> In-Pavement <input type="checkbox"/> Under Pavement</p> <p>Point of Attachment (Ft.): _____</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p>	<p>Is Detector controller co-located at the same site as the detector? (<input type="checkbox"/> YES <input type="checkbox"/> NO) If NO, include controller location below:</p> <p>Site Identification Name: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p>
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2nd Vehicle Detector Installed at this Site Yes No

<p>VDS Name: _____</p> <p>Facility Owner: _____</p> <p>County: _____</p> <p>VDS Type: <input type="checkbox"/> Pavement Sensor <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> AVI <input type="checkbox"/> Other : _____</p> <p>Installation Type: <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Bridge <input type="checkbox"/> Cantilever Structure <input type="checkbox"/> Overhead Structure <input type="checkbox"/> In-Pavement <input type="checkbox"/> Under Pavement</p> <p>Point of Attachment (Ft.): _____</p> <p>Date Installed (yyyy-mm-dd): _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p>	<p>Is Detector controller co-located at the same site as the detector? (<input type="checkbox"/> YES <input type="checkbox"/> NO) If NO, include controller location below:</p> <p>Site Identification Name: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Serial Number: _____</p> <p>IP Address: _____</p> <p>MAC Address: _____</p> <p>Firmware Version: _____</p>
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