



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Roadway Weather Information System (RWIS)
Attribute Form



ITSFM045
Page 1 of 2
Rev. 01/18

Date: _____	Inspector: _____	Site Identification Name: _____
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RWIS Site Information

RWIS Master Controller

RWIS Name: _____	Serial Number: _____
Facility Owner: _____	IP Address: _____
County: _____	MAC Address: _____
Date Installed (yyyy-mm-dd): _____	Firmware Version: _____
Controller Type: <input type="checkbox"/> Internal <input type="checkbox"/> External	
Manufacturer: _____	
Model: _____	

RWIS Equipped Weather Sensors

Air Temperature Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Precipitation Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Installed (yyyy-mm-dd): _____	Date Installed (yyyy-mm-dd): _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Serial Number: _____	Serial Number: _____

Visibility Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative Humidity Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Installed (yyyy-mm-dd): _____	Date Installed (yyyy-mm-dd): _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Serial Number: _____	Serial Number: _____

Wind Speed / Direction Combination Sensor <input type="checkbox"/> Yes <input type="checkbox"/> No	Wind Speed Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Installed (yyyy-mm-dd): _____	Date Installed (yyyy-mm-dd): _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Serial Number: _____	Serial Number: _____

Wind Direction Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Installed (yyyy-mm-dd): _____	Sensor Type: _____
Manufacturer: _____	Date Installed (yyyy-mm-dd): _____
Model: _____	Manufacturer: _____
Serial Number: _____	Model: _____
	Serial Number: _____

Date:	Inspector:	Site Identification Name: Page 2 of 2
Solar Radiation Installed <input type="checkbox"/> Yes <input type="checkbox"/> No		All-in-One Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No
Sensor Type: _____	Date Installed (yyyy-mm-dd): _____	
Date Installed (yyyy-mm-dd): _____	Manufacturer: _____	
Manufacturer: _____	Model: _____	
Model: _____	Serial Number: _____	
Serial Number: _____	<input type="checkbox"/> Air Temperature <input type="checkbox"/> Precipitation <input type="checkbox"/> Visibility <input type="checkbox"/> Wind Direction <input type="checkbox"/> Wind Speed <input type="checkbox"/> Solar Radiation <input type="checkbox"/> Relative Humidity <input type="checkbox"/> Other _____	