

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Electronic Speed Feedback Sign (ESFS) Attribute Form**

Date:	Inspector:	Site Identification Name:
<b>Electronic Speed Feedback Sign Information</b>		
<b>ESFS Controller</b>		<b>Speed Detector</b>
EFSS Name: _____ Facility Owner: _____ County: _____ Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	Speed Detector Type: <input type="checkbox"/> Radar Sensor <input type="checkbox"/> Video Sensor <input type="checkbox"/> Pavement Sensor Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____	
<b>Static Sign</b>		<b>Feedback Display</b>
Date Installed (yyyy-mm-dd): _____ Sign Dimensions (Ft): (H) _____ x (W) _____ Character Height (In): _____ Posted Speed Limit (MPH): _____		Display Matrix: <input type="checkbox"/> Full <input type="checkbox"/> Character _____ # of Lines _____ Display Type: <input type="checkbox"/> LED <input type="checkbox"/> Fiber Shutter <input type="checkbox"/> Flip Disk Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Serial Number: _____