STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Electronic Display Sign (EDS)
Attribute Form

ITSFM048
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Rev. 01/18

Date:	Inspector:	Site Identification Name:

Electronic Display Sign Information

Electronic Display Sign Housing

TrailBlazer Name:_____

Facility Owner:_____

County:_____

Date Installed (yyyy-mm-dd):_____

Manufacturer:_____

Model:_____

Mount Type: ☐ Overhead Span ☐ Cantilever ☐ Pole
☐ Bridge ☐ Wall

Housing Access: ☐ Front ☐ Rear ☐ Walk-in

Filter Installed: ☐ Yes ☐ No # of Filters:_____

Filter Type: ☐ Paper ☐ Fabric ☐ Metal

Filter Dimensions: (H)_____ x (L)_____ x (W)_____

Electronic Display Sign Controller

Controller Type: ☐ Internal ☐ External

Date Installed (yyyy-mm-dd):_____

Manufacturer:_____

Model:_____

Serial Number:_____

IP Address:_____

MAC Address:_____

Firmware Version:_____

Sign Display

Display Matrix:

☐ Full   Pixels:_____ x _____

☐ Line: _____ # of Lines   _____ # of Characters

☐ Character:_____ # of Lines   _____ # of Characters

☐ Other: _____

Display Type:

☐ LED ☐ Fiber Shutter ☐ Flip Disk

☐ Other:_____

Display Panel / Bulb Information:

Manufacturer:_____

Model:_____

Quantity:_____