

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) District: _____ County: _____ <u>Type</u> <u>Route</u> <u>Mile Marker</u> <u>Lane</u> <u>Letter</u> - - - -		Street Address: _____ City: _____	Latitude/Longitude (N/W) or State Plane Coordinate (N/E) _____ = _____ _____ = _____
Equipment Site Infrastructure			
General Site Information		Signal Cabinet Information	
Year Installed: _____ Facility Owner: _____ County: _____ Distance to Travel Lane: _____ Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Lane Closure Req. for Bucket Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cabinet Type: _____ Cabinet Mount: <input type="checkbox"/> Pole <input type="checkbox"/> Pad Sun Shield Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Key Type: <input type="checkbox"/> #1A <input type="checkbox"/> #2 <input type="checkbox"/> #2A <input type="checkbox"/> #3 <input type="checkbox"/> 1365 <input type="checkbox"/> Skeleton <input type="checkbox"/> Cyber Lock <input type="checkbox"/> Pad Lock-Key <input type="checkbox"/> Combination Lock <input type="checkbox"/> Other: _____	
Signal Information			
Signal Name: _____ Facility Owner: _____ Signal Usage: <input type="checkbox"/> Intersection <input type="checkbox"/> Ramp Generator Hookup : <input type="checkbox"/> Yes <input type="checkbox"/> No		Filter Installed: <input type="checkbox"/> No <input type="checkbox"/> Yes /Quantity: _____ Filter Type: <input type="checkbox"/> Paper <input type="checkbox"/> Fabric <input type="checkbox"/> Metal Filter Dimensions(L x W): _____	
Signal Controller Information			
Primary Controller		Secondary Controller Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Controller Type:</u> <input type="checkbox"/> NEMA Type: _____ <input type="checkbox"/> 170 Type: _____ <input type="checkbox"/> 2070 Type: _____ <input type="checkbox"/> Special: _____ Ethernet Ports: _____ Serial Ports: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____		<u>Controller Type:</u> <input type="checkbox"/> NEMA Type: _____ <input type="checkbox"/> 170 Type: _____ <input type="checkbox"/> 2070 Type: _____ <input type="checkbox"/> Special: _____ Ethernet Ports: _____ Serial Ports: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ MAC Address: _____ Firmware Version: _____	
Signal Equipment Information			
Transfer Relays		Clock Unit	
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Amp Rating: _____ Voltage Rating: _____		Date Installed (yyyy-mm-dd): _____ Clock Type: <input type="checkbox"/> Master Clock <input type="checkbox"/> Time Switch Manufacturer: _____ Model: _____	

Signal Equipment Information

Load Switch	Flasher
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____
Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____	Date Installed (yyy-mm-dd): _____ Quantity: _____ Manufacturer: _____ Model: _____

Conflict Monitor	Surge Arrestors
Date Installed (yyyy-mm-dd): _____ Channels: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 # of Ethernet Ports: _____ # of Serial Ports: _____ Manufacturer: _____ Model: _____ Serial Number: _____ IP Address: _____ Mac Address: _____	Date Installed (yyyy-mm-dd): _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____

Bus Interface	Load Resistors
Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____	Date Installed (yyyy-mm-dd): _____ Type: _____ Manufacturer: _____ Model: _____ Quantity: _____

Sensor/Detector Module Chassis Information

Chassis No. 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Chassis No. 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Card Slots: _____ Manufacturer: _____ Model: _____	No. of Card Slots: _____ Manufacturer: _____ Model: _____
Chassis No. 3 <input type="checkbox"/> Yes <input type="checkbox"/> No	Chassis No. 4 <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Card Slots: _____ Manufacturer: _____ Model: _____	No. of Card Slots: _____ Manufacturer: _____ Model: _____

Site Identification Name: _____

Sensor/Detector Modules Information

Sensor/Detector No. 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 3 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 4 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 5 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 6 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 7 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 8 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____

Site Identification Name: _____

Traffic Signal Attribute Form

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Sensor/Detector No. 9 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 10 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 11 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 12 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 13 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 14 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____
Sensor/Detector No. 15 <input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor/Detector No. 16 <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____	Date Installed (yyy-mm-dd): _____ Type: <input type="checkbox"/> Loop <input type="checkbox"/> Optical <input type="checkbox"/> Infrared <input type="checkbox"/> Video <input type="checkbox"/> Radar <input type="checkbox"/> Wireless <input type="checkbox"/> Other _____ Channel: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Quad Manufacturer: _____ Model: _____ Serial Number: _____ Chassis No.: _____ Slot No.: _____