**ITS Facility Management System**
**Safety Barrier Cable System (SBCS) Attribute Form**

| Date: | Inspector: | Site Identification Name: |
|---|---|---|

| Safety Barrier Cable System Information | |
|---|---|
| **SBCS Controller** | **Trigger & Indicator** |
| SBCS Name:_____ | Trigger Type: ☐ Break Away ☐ Other:_____ |
| Facility Owner:_____ | Manufacturer:_____ |
| County:_____ | Model:_____ |
| Date Installed (yyyy/mm/dd):_____ | Indicator Type: ☐ Amber Strobe Beacon |
| Manufacturer:_____ | ☐ White Strobe Beacon |
| Model:_____ | Quantity:_____ |
| Serial Number:_____ | |