



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ITS Facility Management System**  
**Gate Attribute Form**



ITSFM059  
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 Rev. 01/18

Date:	Inspector:	Site Identification Name:
<b>Gate Information</b>		
Site Identification Name (SIN) District:_____ County:_____	Street Address: _____ City:_____	Latitude/Longitude (N/W) or State Plane Coordinate (N/E) _____ = _____ _____ = _____
Route    Mile Marker    Lane    Letter _____    _____    _____    _____ -                   -                   -		
Gate Name: _____ Facility Owner: _____ Gate Type: _____	Date Installed (yyyy-mm-dd): _____ Electric Circuit Name: _____	
<input type="checkbox"/> Emergency Access Barrier Gate <input type="checkbox"/> Horizontal Warning Gate <input type="checkbox"/> Swiftgate Horizontal Warning Gate <input type="checkbox"/> Warning Gate <input type="checkbox"/> Vertical Resistance Barrier Gate <input type="checkbox"/> Vertical Counterweight Resistance Barrier Gate		
<b>Warning Light Information</b>		
Facility Owner: _____ Date Installed (yyyy-mm-dd): _____ Warning Light Type: _____	Manufacturer: _____ Model: _____	
<input type="checkbox"/> LED-Red Beacon <input type="checkbox"/> LED-Dual-Red Beacon <input type="checkbox"/> Incandescent-Red Beacon <input type="checkbox"/> Incandescent-Dual-Red Beacon <input type="checkbox"/> Strobe-Red <input type="checkbox"/> Other: _____		