STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
ITS Facility Management System
Fiber Splice-Termination Form

Date:		Inspector:			Serving Area:						
Splice Location ID	**Feature Type**	**Feature ID**	**Path Name**	**Strand or Port**		**Strand or Port**	**Feature Type**	**Feature ID**	**Splice Type**	**Status**
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Populate date, your name, and the main serving area the facilities are in.

Each line represents either a single splice (1 <-->1) or mulitple in succession splices (1-36 <-->1-36).

A complete path can be recorded by documenting each splice in order on sequential lines.