



Site Identification Name: \_\_\_\_\_

Electrical Equipment Attribute Form

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**Solar Power Service Installed  Yes  No**

<b>Solar Controller</b>	<b>Solar Panel &amp; Battery</b>
Date Installed (yyyy-mm-dd): _____	Panel Dimensions (L x W) (IN): _____ L x _____
Manufacturer: _____	Manufacturer: _____
Model: _____	Model: _____
Power Rating: _____ Volts	Battery Type: <input type="checkbox"/> Flooded <input type="checkbox"/> AGM <input type="checkbox"/> Gel
Solar Input Rating: _____ Amps	Date Battery Installed / Replace: _____
Load Rating: _____ Amps	Manufacturer: _____
	Model/Size: _____ Qty: _____

**ITS Field Device Power Supply & Surge Protection Devices (SPD)**

<b>ITS Field Device #1</b>	<b>ITS Field Device #2</b>
ITS Device Name: _____	ITS Device Name: _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
<b>ITS Field Device #3</b>	<b>ITS Field Device #4</b>
ITS Device Name: _____	ITS Device Name: _____
Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Power Supply Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____	Model/Size: _____
Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Data Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____
Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Low Voltage SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/ Voltage: _____ Qty: _____	Model/ Voltage: _____ Qty: _____
Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Video Line SPD Install/Date: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Manufacturer: _____	Manufacturer: _____
Model/Size: _____ Qty: _____	Model/Size: _____ Qty: _____