

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

ITS Facility Management System Electrical Equipment Attribute Form



ITSFM040 Page 1 of 2 Rev. 08/23

Date:	Inspector:	Site Identification Name	9:	
	Equipment Cabinet P	Power Service Compo	nents	
Cohinet Floatrical Dans				
☐ Cabinet Electrical Panel ☐ Cabinet Disconnect		Cabinet Branch Circuits Breakers		
Date Installed yyyy-mm-dd:		Branch Circuit Breakers (Amperage/Qty):		
Panel/Enclosure Type:		☐ 15 Amp /	☐ 20 Amp /	
☐ Breaker ☐ Fuse ☐ Non-Fused Switch		☐ 30 Amp /	☐ 40 Amp /	
☐ Fused Switch		☐ 60 Amp /	☐ 80 Amp /	
Panel/Enclosure Voltage Rating:		☐ 100 Amp /	☐ 125 Amp /	
□ 120 □ 120/240 □ 120/208 □ 240 □ 480 □ 600		☐ 150 Amp /	☐ 200 Amp /	
Panel/Enclosure Amperage Rating:				
□ 30 □ 60 □ 70 □ 80 □ 100 □ 125 □ 150				
□ 200 □ 225 □ 250 □ 400				
Main Breaker Amperage Rating:				
□ 30 □ 40 □ 50 □ 60 □ 70 □ 80 □ 100				
□ 125 □ 150 □ 200 □ 250 □ 400				
Cabinet Power Receptacles		Cabii	net Surge Protection	
Inside Cabinet Power Receptacle(s):☐ Yes ☐ No		Cabinet Surge Protection Installed: ☐ Yes ☐ No		
Date Installed yyyy-mm-dd:		Date Installed yyyy-mm-dd:		
Standard Receptacle Qty/Amp: ☐15A ☐20A		Manufacturer:		
GFI Receptacle Qty/Amp: □15A □20A		Model/Voltage:		
Surge Power Strip Installed: ☐ Yes ☐ No				
Power Management System				
Power Management Installed: ☐ Yes ☐ No		NIC Card Installed:	☐ Yes ☐ No	
Date Installed (yyyy-mm-dd):		Manufacturer:		
Receptacle (s): 1 2 3 4 5 6 7 8		Model:		
Other:		IP Address:		
Manufacturer:		MAC Address:		
Model:				
Uninterrupted Power System (UPS) Installed				
LIDO Cristona lastellada III Van III Na				
UPS System Installed: ☐ Yes ☐ No		NIC Card Installed: ☐ Yes ☐ No		
Date Installed (yyyy-mm-dd):				
Manufacturer:				
Model:				
Serial Number:				
			0.	
		Model/Size:	Qty:	

Site Identification Name:	Electrical Equipment Attribute Form			
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Solar Power Service Installed ☐ Yes ☐ No				
Solar Controller	Solar Panel & Battery			
Date Installed (yyyy-mm-dd):	Panel Dimensions (L x W) (IN): L x			
Manufacturer:	Manufacturer:			
Model:	Model:			
Power Rating:Volts	Battery Type: ☐ Flooded ☐ AGM ☐ 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)				
ITS Field Device #1	ITS Field Device #2			
ITS Device Name:	ITS Device Name:			
Power Supply Install/Date: ☐ Yes ☐ No	Power Supply Install/Date:			
Manufacturer:	Manufacturer:			
Model/Size:	Model/Size:			
Data Line SPD Install/Date: ☐ Yes ☐ No	Data Line SPD Install/Date: ☐ Yes ☐ No			
Manufacturer:	Manufacturer:			
Model/Size: Qty:	Model/Size: Qty:			
Low Voltage SPD Install/Date: ☐ Yes ☐ No	Low Voltage SPD Install/Date: ☐ Yes ☐ No			
Manufacturer:	Manufacturer:			
Model/ Voltage: Qty:	Model/ Voltage: Qty:			
Video Line SPD Install/Date: ☐ Yes ☐ No	Video Line SPD Install/Date: ☐ Yes ☐ No			
Manufacturer:	Manufacturer:			
Model/Size:Qty:	Model/Size:Qty:			
ITS Field Device #3	ITS Field Device #4			
ITS Device Name:	ITS Device Name:			
Davier Comply leadell/Date: □ Ves □ No	Device Comply Install/Date: T Ves T No			
Power Supply Install/Date: Yes No	Power Supply Install/Date: Yes No			
Manufacturer: Model/Size:	Manufacturer: Model/Size:			
Data Line SPD Install/Date: ☐ Yes ☐ No	Data Line SPD Install/Date: ☐ Yes ☐ No_			
Manufacturer:	Manufacturer:			
Model/Size:Qty:	Model/Size: Qty:			
Low Voltage SPD Install/Date: Yes No	Low Voltage SPD Install/Date: Yes No			
Manufacturer:	Manufacturer:			
Model/ Voltage: Qty:	Model/ Voltage: Qty:			
Video Line SPD Install/Date: ☐ Yes ☐ No	Video Line SPD Install/Date: ☐ Yes ☐ No			
Manufacturer:	Manufacturer:			
Model/Size: Qty:	Model/Size: Qty:			