

Controller Cabinet Inventory Form

DEPARTMENT OF
PUBLIC SERVICE

Vendor/Contractor performing Inspection _____

Project Name/Number _____

IMSA Certified Field Technician Level II Information

Name _____ **Number** _____

Signature _____ **Completion Date** _____

Intersection _____

ITEM NAME	QTY	SERIAL NUMBER
Controller – manufacturer		
Controller - model		
Monitor -- manufacturer		
Monitor -- model		
Load Switches		----- N – A -----
Flasher		----- N – A -----
Flash transfer relays		----- N – A -----
Cabinet prints		----- N – A -----
Pole mounting brackets and hardware sets		----- N – A -----
Control box keys sets		----- N – A -----
Maintenance/ Programming Manuals		----- N – A -----
DETECTION		
<input type="checkbox"/> Type <input type="checkbox"/> Loops <input type="checkbox"/> Video <input type="checkbox"/> Radar		
Single Channel Detector	Qty	Two Channel Detector
Type	Model	Serial Number
UPS	QTY	SERIAL NUMBER
Unit -		
Batteries		----- N – A -----

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COMMUNICATION		
Type <input type="checkbox"/> CTSS <input type="checkbox"/> Closed Loop <input type="checkbox"/> CICU		
Switch Model:		Serial Number:
Type	Model	Serial
GBIC transceiver (SFP module)		
GBIC transceiver (SFP module)		
GBIC transceiver (SFP module)		
GBIC transceiver (SFP module)		
GBIC transceiver (SFP module)		
Radio <input type="checkbox"/> CTSS <input type="checkbox"/> Closed Loop		
Radio Model:		Serial Number:
Radio Model:		Serial Number:
Radio Model:		Serial Number:
Radio Model:		Serial Number:
Antenna type:		Quantity:
Master Model:		Serial Number:
Telemetry Module <input type="checkbox"/> FSK <input type="checkbox"/> RS232 <input type="checkbox"/> TML25		
Type	Model	Serial
FIBER	QTY	TYPE
Patch box		
Patch Cables		