Level A: Perform the following tests at controller camera sites using vendor certified Software. Level A device testing demonstrates that the individual devices at each work site are fully operational.

Testing Software Name: ____________________________________________________________

Service Pole No.: ___________________________ Meter No. _____________________________

Meter Cabinet Location: _______________________ Longitude: _______________ Latitude: _______________

Camera Manufacturer: ____________________________

Camera Model No.: ___________________________ Camera Serial No.: ______________________

Structure Type: ______________________________

CSS Cabinet Serial No.: _______________ CSS Controller Firmware: _______________ CSS Controller Firmware Revision: _______________
Level B: device testing demonstrates that each device is fully operational from the designated control center to the work site with the original equipment and manufacturer’s software. After the Contractor’s verification test, the Department will conduct a 7 consecutive business day observational and functional test period.

Prior to Level B testing, ensure that network communications system testing is complete.

Is network communication system testing complete?

- YES [ ]
- N/A [ ]

If yes, test date: ________  Test result:  PASS [ ]  FAIL [ ]

If pass, begin Level B testing

If fail, repeat network communications testing after troubleshooting

If N/A, explain ____________________________

Traffic operation center:  TOCN [ ]  TOCS [ ]

Communication type: ______________________ Account #

IP address: ________________________________

Subnet mask: ___________________________  Gateway: ______________________

MAC address: ______________________________

Patch panel #: ______________________________

Cable type/ buffer color/ fiber color/ fiber no.: __________________________
CAMERA SURVEILLANCE SYSTEM
DEVICE TESTING - LEVEL A B C

Project Name: ______________________________ Test Date: ___________
Camera # ______ Route: ______ MM_____ MM NB/SB/EB/WB/Median
Nearest Side Street Name: _______________________

Township: __________________ County: ______________ Longitude: ______________ Latitude: ______________

Level C: Device testing demonstrates that all devices are fully operational from the designated control center using control center software management system. After the Contractor’s verification test, the Department will conduct a 14 consecutive business day observational and functional test period. Perform following tests at designated control center using control center software management system (Genetec):

Testing Software Name: ____________________________________________________________

1: VIDEO FEED

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Display Video</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Perform following tests at Remote Data Port</td>
</tr>
<tr>
<td>I.</td>
<td>Verify PTZ controls</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Verify Alarm Operation of Data Port door</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Video Signal quality</td>
<td>1 Vp-p</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Video signal to noise ratio</td>
<td>&gt;50dB</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
CAMERA SURVEILLANCE SYSTEM
DEVICE TESTING - LEVEL A B C

Project Name: ______________________________ Test Date: __________
Camera # ______ Route: _______ MM_______.____ NB/SB/EB/WB/Median
Nearest Side Street Name: ________________________________

Township: _________________ County: _________________ Longitude: _________________ Latitude: _________________

2: PAN, TILT & ZOOM FUNCTIONS

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required Value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pass</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
</tr>
<tr>
<td>2A</td>
<td>Confirm Pan Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Continuous Pan Rotation</td>
<td>360°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Variable Pan Speed (per second)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>Confirm Tilt Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Variable Tilt Speed (per second)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Vertical Tilt Range Unobstructed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dome:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.2° to -92°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positional:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>+33° to -83°</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2C</td>
<td>Confirm Zoom Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Zoom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dome:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35X Optical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12X Digital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positional:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>35X Optical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12X Digital</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 3: CONTROLLER CAMERA CABINET

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required Value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Cabinet Environment Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A</td>
<td>Confirm blower heater control with thermostat</td>
<td>In adjustable range of 40°F to 70°F</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3B</td>
<td><strong>Ground Resistance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify Ground Resistance</td>
<td>&lt; 25 Ω</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3C</td>
<td><strong>AC Voltage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify AC Input Voltage</td>
<td>120 Volts</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify Power supply Voltage</td>
<td>24VAC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3D</td>
<td><strong>Alarms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify Low Temperature Alarm</td>
<td>Below 41°F</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verify Ventilation Failure Alarm</td>
<td>At temperature &gt; 120°F</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3E</td>
<td><strong>Cabinet Light</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operate Cabinet Switch to Disable the Lamps</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
# Camera Surveillance System
## Device Testing - Level A B C

**Project Name:** ______________________________
**Test Date:** __________

**Camera #** ________  **Route:** ________  **MM**______.____  **NB/SB/EB/WB/Median**

**Nearest Side Street Name:** ____________________________
**Township:** ____________________  **County:** ____________________
**Longitude:** ____________________  **Latitude:** ____________________

### 4: Camera Database

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required Value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Pass</th>
<th>Fail</th>
<th>Level B</th>
<th>Pass</th>
<th>Fail</th>
<th>Level C</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Verify IP address with IT group.</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Add cameras to the Control Center</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Verify camera name is as per Traffic Operations guidelines.</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Add camera to camera tour as per Traffic Operations guidelines.</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Display video from camera tour.</td>
<td>N/A</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
</tbody>
</table>

### 5: On Screen Display

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required Value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Pass</th>
<th>Fail</th>
<th>Level B</th>
<th>Pass</th>
<th>Fail</th>
<th>Level C</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Verify set up of on screen display of four quadrants on the top left</td>
<td>4 Quadrants</td>
<td>N/A</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td>Pass</td>
<td>Fail</td>
<td>Fail</td>
<td></td>
</tr>
</tbody>
</table>
CAMERA SURVEILLANCE SYSTEM  
DEVICE TESTING - LEVEL A B C

Project Name: ______________________________  Test Date: _________
Camera # ______  Route: _______  MM_____.____  NB/SB/EB/WB/Median
Nearest Side Street Name: __________________________________________
Township: __________________  County: ________________
Longitude: ________________  Latitude: ________________

6: PRESETS

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Required Value</th>
<th>Actual Value</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Verify set up of presets 1 thru 4 with pan and tilt settings and ensure each zone is labeled as specified by the department.</td>
<td>4 Presets</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

7: OTHER REQUIREMENTS

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Start Date</th>
<th>End Date</th>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Operational Requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Operate and Monitor Camera operations for 7 consecutive business days.</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Operate and Monitor Camera Operations for 14 consecutive business days.</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
CAMERA SURVEILLANCE SYSTEM
DEVICE TESTING - LEVEL A B C

Project Name: ______________________________
Test Date: _____________
Camera # _______ Route: _______ MM_____.____ NB/SB/EB/WB/Median
Nearest Side Street Name: ____________________________
Township: ___________________________ County: ____________________ Longitude: ________________
Latitude: ______________________

LEVEL A TEST RESULTS:

PASS [ ] FAIL [ ]

Correction Work Items:

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________

We agree that Level A testing of the Camera Surveillance System has been performed and that the information above accurately represent the results of the test.

Contractor Name: ________________________________________________________________
Contractor Representative Name: ______________________________________________________
Signature and Date: _________________________________________________________________

ITS Inspector Name: ________________________________________________________________
Signature and Date: _________________________________________________________________

Corrected Work Items:  ITS Inspector Signatures & Date

1. ________________________________________________  ________________________________
2. ________________________________________________  ________________________________
3. ________________________________________________  ________________________________
4. ________________________________________________  ________________________________
5. ________________________________________________  ________________________________
Project Name: ______________________________

Test Date: ___________

Camera # ______  Route: ______  MM_____.__ NB/SB/EB/WB/Median

Nearest Side Street Name: _________________________________

Township: __________________________ County: ________________ Longitude: ________________

Latitude: ________________

LEVEL B TEST RESULTS:

Start Date
End Date

PASS [ ]  FAIL [ ]

Correction Work Items:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________

We agree that Level B testing of the Camera Surveillance System has been performed and that the information above accurately represent the results of the test.

Contractor Name: ________________________________________________________________
Contractor Representative Name: __________________________________________________________
Signature and Date: ________________________________

ITS Inspector Name: __________________________________________________________
Signature and Date: ________________________________

Mobility Management North/South Representative Name: ________________________________
Signature and Date: ________________________________

Corrected Work Items:  ITS Inspector Signatures & Date

1. __________________________________________  ________________________________
2. __________________________________________  ________________________________
3. __________________________________________  ________________________________
4. __________________________________________  ________________________________
5. __________________________________________  ________________________________
CAMERA SURVEILLANCE SYSTEM
DEVICE TESTING - LEVEL A B C

Project Name: ______________________________
Test Date: ___________

Camera # _______ Route: _______ MM_____.._ NB/SB/EB/WB/Median
Nearest Side Street Name: ________________________________
Township: _______________ County: _______________ Longitude: _______________
Latitude: _______________

LEVEL C TEST RESULTS:
Start Date
End Date

PASS [ ] FAIL [ ]

Correction Work Items:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

We agree that Level C testing of the Camera Surveillance System has been performed and that the information above accurately represents the results of the test.

Contractor Name: _______________________________________________
Contractor Representative Name: ________________________________
Signature and Date: __________________________________________________________________________

ITS Inspector Name: ____________________________________________
Signature and Date: __________________________________________________________________________

Mobility Management North/South Representative Name: ________________________________
Signature and Date: __________________________________________________________________________

Resident Engineer Name: _______________________________________
Signature and Date: __________________________________________________________________________

Corrected Work Items:                                  ITS Inspector Signatures & Date
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________