THE CORPORATION OF THE CITY OF BRAMPTON
CONTROLLER CABINET AND INTERSECTION INSPECTION REPORT

INTERSECTION NAME: _____ INT #: _____	
TIME ARRIVED:	TIME COMPLETED:
DATE OF SERVICE:	SERVICEPERSON'S INITIALS:

MARK ONE OF THE FOLLOWING IN THE APPROPRIATE BOX FOR EACH ITEM LISTED:

- ✓ MEANS ALL OK/COMPLETED
- X MEANS PROBLEM REFER TO GENERAL COMMENTS
- N/A NOT APPLICABLE

- ☐ City of Brampton
- ☐ Region of Peel

Handle / Locks / Hinges: **Lubricated**	☐	System Loops Operational: **[yes] [No]**	■
Harness /Terminal	☐	Alternate Overhead Detection: **Operational**	☐
Load Switches / Flashers/Relay Connectors	☐	Alternate Overhead Detection Type: **[Video] [Radar]**	■
GFI / Lamp: **Function**	☐	Signal Poles including anchor bolts	☐
Police Panel (inside): **Condition**	☐	Hand Hole Covers	☐
Thermostat(s)	☐	Signal / Ped Head Alignment	☐
Set Ranges: Heat **[** 40 F / 5C **]** / Fan **[** 80 F / 27C **]**	☐	Signal Heads + B.Board + Hangers + Plumbizer	☐
Air Filter Replacement: **Required**	☐	L.E.D's Signal Display	☐
Air Exchange Vent: **Setting** **[** Open **]** **[** Close **]**	■	Signal Arms & Brackets	☐
Documentation in Cabinet**:** [Timing Card/Log Book/Drawings]	☐	Pedestrian Arms & Brackets	☐
Pre Emption Card: **Confirm** Switched **[On]** position	☐	Pushbutton Signs	☐
Timing Check (Accuracy)	☐	Pedestrian Pushbutton: **Operational**	☐
Sync. Time Clock	☐	Accessible Pedestrian Signals: **Operational**	☐
Timer Type: **[ ]**	■	Countdowns: **Operational**	☐
Clean Controller Cabinet	☐	Handwells / Electrical Chambers	☐
Duct Sealant: **Required**	☐	Lane Designation Poles: **[if applicable]**	☐
Weather Stripping: **Required**	☐	Hydro Service: **Pole mount [ ]** or **Power Pedestal [ ]**	☐
Cabinet Exterior: **Graffiti** **[** Yes **]** **[** No **]**	■	Line Voltage Reading: **[ ]**	☐
Conflict Monitor: **Turn off Watch Dog**	☐	Stray Voltage Present: **Corner [ ]**	☐
Veh. Detectors Loop: **Operational**	☐	Oversize Street Name Signs	☐

OTHER EQUIPMENT : _____

_____

_____

**** PLEASE COMPLETE COMMENT SECTION ON BACK OF THIS PAGE***

COMMENTS

DEFICIENCES REPARIED DURING INSPECTION

DEFICIENCES NOTED - TO BE REPAIRED (NON-EMERGENCY)

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DATE REPAIRED: _____

SERVICE PERSON: _____