

**ROAD WEATHER INFORMATION SYSTEM
DEVICE TESTING - LEVEL B**

Project Name: _____ **Test Date:** _____

RWIS # _____ **Route:** _____ **MM**_____ . _____ **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

This procedure outlines Level B device test to be performed on Road Weather Information System. 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-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 _____

Testing Software Name: _____

Test Location: _____

Service Pole No.: _____

RWIS Manufacturer: _____

RWIS Model No.: _____

RWIS Serial No.: _____

RWIS Communication Mode with Center: **Fiber** **Other** **If Other List:** _____

1: CAMERA

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Verify PTZ operation	XXXX	XXXX			
II.	Obtain color video still frame image	Max. 8 preset images in every 5-10 minutes				
III.	Continuous Pan rotation	360°				
IV.	Variable Pan Speed	0.5° per second to 225° per second				

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V.	Vertical Tilt range	180° of movement (0° to 90° down to 0°, with video rotation)				
VI.	Variable Tilt Speed	0.5° per second to 60° per second				
VII.	Zoom	Up to 10X Digital				
VIII.	Verify capability to configure preset positions	Up to 64				

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LEVEL B TEST RESULTS:

PASS

FAIL

Correction Work Items:

1. _____
2. _____
3. _____
4. _____
5. _____

We agree that Level B testing of the Road Weather Information 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: _____

Corrected Work Items:

ITS Inspector Signatures & Date

1. _____
2. _____
3. _____
4. _____
5. _____

- _____
- _____
- _____
- _____
- _____