

**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: 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:** _____

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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.: _____

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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

No.	Task	Required value	Actual Value	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
1A	<i>Perform following tests at Remote Data Port</i>									
I.	Display Video	N/A	N/A							
II.	Verify PTZ controls	N/A	N/A							
III.	Verify Alarm Operation of Data Port door	N/A	N/A			N/A	N/A	N/A	N/A	
IV.	Video Signal quality	1 Vp-p				N/A	N/A	N/A	N/A	
V.	Video signal to noise ratio	>50dB				N/A	N/A	N/A	N/A	

NEW JERSEY DEPARTMENT OF TRANSPORTATION

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2: PAN, TILT & ZOOM FUNCTIONS

No.	Task	Required Value	Actual Value	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
2A	Confirm Pan Controls									
I.	Continuous Pan Rotation	360°								
II.	Variable Pan Speed (per second)	N/A	N/A	N/A	N/A					
2B	Confirm Tilt Controls									
I.	Variable Tilt Speed (per second)	N/A	N/A	N/A	N/A					
II.	Vertical Tilt Range Unobstructed	Dome: 0.2° to -92° Positional: +33° to -83°								
2C	Confirm Zoom Controls									
I.	Zoom	Dome: 35X Optical 12X Digital Positional: 35X Optical 12X Digital								

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3: CONTROLLER CAMERA CABINET

No.	Task	Required Value	Actual Value	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
3A	Cabinet Environment Control									
I.	Confirm blower heater control with thermostat	In adjustable range of 40°F to 70°F				N/A	N/A	N/A	N/A	
3B	Ground Resistance									
I.	Verify Ground Resistance	< 25 Ω				N/A	N/A	N/A	N/A	
3C	AC Voltage									
I.	Verify AC Input Voltage	120 Volts				N/A	N/A	N/A	N/A	
II.	Verify Power supply Voltage	24VAC				N/A	N/A	N/A	N/A	
3D	Alarms									
I.	Verify Low Temperature Alarm	Below 41° F				N/A	N/A	N/A	N/A	
II.	Verify Ventilation Failure Alarm	At temperature > 120° F				N/A	N/A	N/A	N/A	
3E	Cabinet Light									
I.	Operate Cabinet Switch to Disable the Lamps					N/A	N/A	N/A	N/A	

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4: CAMERA DATABASE

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

5: ON SCREEN DISPLAY

No.	Task	Required Value	Actual Value	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
I.	Verify set up of on screen display of four quadrants on the top left	4 Quadrants		N/A	N/A	N/A	N/A			

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6: PRESETS

No.	Task	Required Value	Actual Value	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
I.	Verify set up of presets 1 thru 4 with pan and tilt settings and ensure each zone is labeled as specified by the department.	4 Presets		N/A	N/A	N/A	N/A			

7: OTHER REQUIREMENTS

No.	Task	Start Date	End Date	Level A		Level B		Level C		Comments
				Pass	Fail	Pass	Fail	Pass	Fail	
7	<i>Operational Requirement</i>									
I.	Operate and Monitor Camera operations for 7 consecutive business days.			N/A	N/A			N/A	N/A	
II.	Operate and Monitor Camera Operations for 14 consecutive business days.			N/A	N/A	N/A	N/A			

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LEVEL A TEST RESULTS:	
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
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. _____

- _____
- _____
- _____
- _____
- _____

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Latitude: _____

LEVEL B TEST RESULTS:	
Start Date _____	
End Date _____	
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
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. _____

- | |
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Latitude: _____

LEVEL C TEST RESULTS:	
Start Date _____	
End Date _____	
PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
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. _____

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