



# PREAPPROVED MATERIALS LIST

## BLUE SHEETS

### PREQUALIFIED PRODUCTS AND SUBMITTALS FOR QUALIFICATION OF ELECTRICAL EQUIPMENT AND MATERIALS

PROJECT MANAGER: \_\_\_\_\_

PROJECT: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_

SUBMITTING  
CONTRACTOR: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

CONTRACTOR  
REPRESENTATIVE: \_\_\_\_\_

PHONE: \_\_\_\_\_

## ‘BLUE SHEETS’ INSTRUCTIONS

**These sheets are to be furnished for each project by the Project Manager. They are also found on the City of Gresham’s Internet site. They will be provided for each project to ensure that they are the most current version.**

These sheets will be accepted as equipment list in accordance with 00960.02 of the Standard Specifications as modified by City of Gresham or Multnomah County Project Special Provisions.

### **INITIAL SUBMITTAL**

**The Contractor will fill out the Blue Sheets CONTENTS Pages based on project requirements:**

1. On the three CONTENTS pages, check the box for each item that is **“On Project”**.
2. **Any products listed** on the specific item pages may be used.
3. If Contractor wishes to use **any Write In** products (not listed on the specific item pages):
  - a. Write in Brand/Manufacturer and Catalog/Part Number in the space provided on each page.
  - b. Attach catalog cut sheets to the Blue Sheets when returning them to the Project Manager.
  - c. Wait for Project Manager approval or rejection of the Write In product.
4. **Do NOT check off any products** on the specific item pages (this will be done by the Signals Inspector during Construction/installation)
5. These Blue Sheets incorporate ODOT’s list of items and materials that are subject to the Buy America, Build America Act. If the project has federal funding, submit a Certificate of Materials Origin (CMO) form (ODOT 734-2126) for each product or material that requires one at the time of Blue Sheets submittal. Preapproved products listed in these Blue Sheets do NOT necessarily meet the requirements of the Buy America, Build America Act.
6. Return the Blue Sheets with CONTENTS pages filled out and any Write In items to the City Project Manager.

**The City Signals Inspector will:**

1. Review the submitted Blue Sheets for errors and omissions and work with Contractor to correct them if necessary.
2. Submit **Write In** products to the Traffic Signal Engineer for approval.
3. Once Write In products are approved, notify Contractor that the Blue Sheets are approved.

### **CONSTRUCTION**

Materials delivered to the job site shall be **clearly marked** as to brand and model/part description (verified on materials) or shall be accompanied by supplier’s certification as to brand and model/part description (copy attached).

**The Contractor will:**

1. Install listed preapproved products and materials or approved Write In products ONLY. Install per plan and specification.
2. **If the project has federal funding, Contractor must provide all required CMOs prior to the products or materials being installed.** Contractor shall submit the required CMOs for materials and products at the time of Blue Sheets submittal if the product to be installed is known.

**The City Inspector will:**

1. Print a paper copy of approved Blue Sheets.
2. Verify and document that installed materials match preapproved materials and are installed per plan and specification. Check off box for each product installed. For CMOs received prior to installation, check CMO box and write date received.
3. Document inspection/installation details as necessary on each specific materials page.
4. When each specific item has been entirely inspected and accepted on the project, fill out the "CTSI Inspected & Accepted" info on that item’s page.

## CONTENTS (1 OF 3)

<b>PAGE NO.</b>		<b>ON PROJECT</b>
<b>TEMPORARY FEATURES</b>		
6.	Temporary Covers	<input type="checkbox"/>
<b>POLES AND PEDESTALS</b>		
7.	Chase Nipple	<input type="checkbox"/>
8.	Pipe Plugs	<input type="checkbox"/>
9.	Pedestal (Pedestrian)	<input type="checkbox"/>
<b>CONDUIT &amp; APPURTENANCES</b>		
10.	Conduit (Non-metallic)	<input type="checkbox"/>
11.	Conduit (Metallic)	<input type="checkbox"/>
12.	Conduit Bushings	<input type="checkbox"/>
13.	Conduit Plug	<input type="checkbox"/>
14.	Condulet	<input type="checkbox"/>
15.	Conduit Hub	<input type="checkbox"/>
16.	Expansion Fitting	<input type="checkbox"/>
17.	Pull Line	<input type="checkbox"/>
18.	Underground Warning Tape	<input type="checkbox"/>
<b>JUNCTION BOXES</b>		
19.	Junction Box (Concrete, Polymer Concrete, & Hybrid)	<input type="checkbox"/>
20.	Hand Holes (Concrete, Polymer Concrete, & Hybrid)	<input type="checkbox"/>
<b>MISC. MOUNTINGS</b>		
21.	Radio Mount	<input type="checkbox"/>

**INITIAL SUBMITTAL**

**AGREE WITH "ON PROJECT"**

**RETURNED FOR CORRECTION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Qualifications or corrections are subject to all requirements of the current issue of the Standard Specifications for Highway Construction as modified by the Project Special Provisions.

## CONTENTS (2 OF 3)

<b>PAGE NO.</b>		<b>ON PROJECT</b>
---------------------	--	-----------------------

***SPAN WIRE EQUIPMENT***

- |     |   |                          |
|-----|---|--------------------------|
| 22. | Cable Ties                                | <input type="checkbox"/> |
| 23. | Messenger, Tether, & Stabilizer Cable     | <input type="checkbox"/> |
| 24. | Eyebolt, Turnbuckle, Strandwise, & S-Hook | <input type="checkbox"/> |
| 25. | Span Wire Hanger                          | <input type="checkbox"/> |
| 26. | Tether Clamps                             | <input type="checkbox"/> |
| 27. | Tri-stud Adaptor                          | <input type="checkbox"/> |

***CABLES, WIRES, GROUNDING/BONDING & APPURTENANCES***

- |     |                           |                          |
|-----|---------------------------|--------------------------|
| 28. | Bond Wire                 | <input type="checkbox"/> |
| 29. | Ground Rod & Clamp        | <input type="checkbox"/> |
| 30. | Control Cable             | <input type="checkbox"/> |
| 31. | Industrial Ethernet Cable | <input type="checkbox"/> |
| 32. | Interconnect Cable        | <input type="checkbox"/> |
| 33. | XHHW Wire                 | <input type="checkbox"/> |
| 34. | Strain Relief             | <input type="checkbox"/> |

***PEDESTRIAN EQUIPMENT***

- |     |                                |                          |
|-----|--------------------------------|--------------------------|
| 36. | Pedestrian Signal & Mount      | <input type="checkbox"/> |
| 36. | LED Module (Pedestrian Signal) | <input type="checkbox"/> |
| 37. | Pushbutton & Mount             | <input type="checkbox"/> |

***VEHICLE SIGNAL EQUIPMENT***

- |     |  |                          |
|-----|--|--------------------------|
| 38. | Vehicle Signal (Housing, Backboard, & Visor) | <input type="checkbox"/> |
| 39. | LED Module (Vehicle Signal)                  | <input type="checkbox"/> |
| 40. | Plumbizer                                    | <input type="checkbox"/> |
| 41. | Vehicle Signal Bracket                       | <input type="checkbox"/> |
| 42. | Louver                                       | <input type="checkbox"/> |
| 43. | Tattle Tale Light                            | <input type="checkbox"/> |

**INITIAL SUBMITTAL**

- AGREE WITH "ON PROJECT"**
- RETURNED FOR CORRECTION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Qualifications or corrections are subject to all requirements of the current issue of the Standard Specifications for Highway Construction as modified by the Project Special Provisions.

## CONTENTS (3 OF 3)

<b>PAGE NO.</b>		<b>ON PROJECT</b>
<b><i>LOOP DETECTION</i></b>		
44.	Loop Feeder Cable	<input type="checkbox"/>
45.	Loop Wire	<input type="checkbox"/>
46.	Loop Splice	<input type="checkbox"/>
<b><i>ILLUMINATION</i></b>		
47.	In-line Fuse Holder	<input type="checkbox"/>
48.	TC Cable	<input type="checkbox"/>
49.	Photoelectric Cell & Shorting Cap	<input type="checkbox"/>
<b><i>CABINETS &amp; APPURTENANCES</i></b>		
50.	Riser Frame	<input type="checkbox"/>
51.	Service Cabinet	<input type="checkbox"/>
52.	Meter Base	<input type="checkbox"/>
53.	Terminal Cabinet	<input type="checkbox"/>
54.	Terminal Blocks	<input type="checkbox"/>
<b><i>SIGNS</i></b>		
55.	Sign Bracket	<input type="checkbox"/>

**INITIAL SUBMITTAL**

**AGREE WITH "ON PROJECT"**

**RETURNED FOR CORRECTION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Qualifications or corrections are subject to all requirements of the current issue of the Standard Specifications for Highway Construction as modified by the Project Special Provisions.

**Temporary Covers**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Pedestrian Pushbutton Covers**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Traffic Sign & Signal Cover Concepts	PPB-0-2
<input type="checkbox"/> Traffic Safety Supply Company	DP04656
<input type="checkbox"/> Freedom Roc Industries	T3600-PBS

**Pedestrian Signal Covers**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Freedom Roc (R. Hart Sales)	Signal Shirt
<input type="checkbox"/> Traffic Safety Supply Company	DP04655

**Vehicle Signal Covers (3-Section)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Freedom Roc (R. Hart Sales)	Signal Shirt
<input type="checkbox"/> Traffic Safety Supply Company	DP04653

**Vehicle Signal Covers (4-Section)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Traffic Safety Supply Company	DP04654

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**Chase Nipple**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**1 Inch (for vehicle signal bracket)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Thomas & Betts	844
<input type="checkbox"/> Crouse-Hinds	52
<input type="checkbox"/> O-Z Gedney	7-100

**2.5 Inch (for external terminal cabinet)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Thomas & Betts	848
<input type="checkbox"/> Crouse-Hinds	56
<input type="checkbox"/> O-Z Gedney	7-250

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**Pipe Plugs**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Grainger	MNTP Series
<input type="checkbox"/> Merit Brass	Class 1000

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**Pedestal (Pedestrian)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Pelco	Base: PB5334
<input type="checkbox"/> Pelco	Base: PB5336
<input type="checkbox"/> Akron Foundry Co.	Base: TS-1000
<input type="checkbox"/> Component Products	Base: CPI-BAS-1P
<input type="checkbox"/> Tapco (Pelco)	Base: 203-14

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Conduit (Non-metallic)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**PVC**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> PW Pipe	Sch. 40 & 80
<input type="checkbox"/> Carlon/Prime Conduit	Sch. 40 & 80
<input type="checkbox"/> Cantex	Sch. 40
<input type="checkbox"/> J-M Manufacturing	Sch. 40 & 80
<input type="checkbox"/> Kraloy	Sch. 40
<input type="checkbox"/> Ipex/Scepter	Sch. 40
<input type="checkbox"/> Cresline Northwest	Sch. 40
<input type="checkbox"/> Ridgeline	Sch. 40
<input type="checkbox"/> Heritage Plastics Central	Sch. 40
<input type="checkbox"/> Rocky Mountain Colby Pipe	Sch. 40 & 80
<input type="checkbox"/> Allied-Heritage	Sch. 40 & 80
<input type="checkbox"/> Raceways Technology & Manufacturing	Sch. 40 & 80

**HDPE**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Carlon	Sch. 40 & 80
<input type="checkbox"/> Arnco/Dura-Line	Sch. 40 & 80
<input type="checkbox"/> PERMA-GUARD	Sch. 40 & 80

**Fiberglass**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Champion Fiberglass	Sch. 40 & 80
<input type="checkbox"/> FRE Composites	Sch. 40 & 80
<input type="checkbox"/> United Fiberglass of America	Sch. 40 & 80
<input type="checkbox"/> Raceways Technology & Manufacturing	Sch. 40 & 80

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**Conduit Bushings**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Non-Metallic**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Cantex	#5144005 thru 5144010
<input type="checkbox"/> PW Pipe	#6150-0200 #6150-300
<input type="checkbox"/> Kraloy	#MEB05-MEB40

**Metallic**

Brand/Manufacturer Catalog/Part No.

No products listed yet, use "Write-In Items" section below.

**Metallic (Bonded)**

Brand/Manufacturer Catalog/Part No.

No products listed yet, use "Write-In Items" section below.

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Conduit Plug**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Lantz Electric	"Foam Factory"

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Condulet**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Condulet**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Cooper/Crouse-Hinds	FORM 5
<input type="checkbox"/> O-Z Gedney	SPEC 5
<input type="checkbox"/> Topaz	FORM 5
<input type="checkbox"/> Steel Electric Products	Type LB

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**Expansion Fitting**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Fiberglass**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Champion Fiberglass	Expansion joint/no O-ring
<input type="checkbox"/> FRE Composites	Expansion joint/no O-ring
<input type="checkbox"/> United Fiberglass of America	Expansion joint/no O-ring

**Metallic**

Brand/Manufacturer                      Catalog/Part No.

No products listed yet. Use "Write-In Items".

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**Pull Line**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Greenlee	polypro 3/8"
<input type="checkbox"/> Garvin Industries	PT-1250
<input type="checkbox"/> Dottie	3800 Series
<input type="checkbox"/> Ideal Industries	31-844 thru 31-846

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Underground Warning Tape**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Dottie	UT-29D
<input type="checkbox"/> Ideal	#42-151
<input type="checkbox"/> Reef Industries	Standard 250
<input type="checkbox"/> Cully	UG Burial Tape
<input type="checkbox"/> Harris	UT-29

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Junction Box (Concrete, Polymer Concrete, & Hybrid)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**JB-1**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001425TA
<input type="checkbox"/> ARMORCAST	A6000485TAX12
<input type="checkbox"/> CDR	SA20101512
<input type="checkbox"/> Quazite	PG1118BA12 w/PG1118HA lid
<input type="checkbox"/> Oldcastle	H1118-12 w/ Poly Tier 15 Lid
<input type="checkbox"/> Newbasis	PCA111812-90011/90012
<input type="checkbox"/> Martin Enterprises	111812PC Tier 22
<input type="checkbox"/> Oldcastle	S1118B12AA w/S1118HBBOA Lid
<input type="checkbox"/> Oldcastle (Duralite Max)	11182575
<input type="checkbox"/> Channell	BULKU111812

**JB-2**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001946TAPCX12
<input type="checkbox"/> CDR	SA20132412
<input type="checkbox"/> Quazite	PG1324BA12 w/PG1324HA lid
<input type="checkbox"/> Oldcastle	H1324-12 w/ Poly Tier 15 Lid
<input type="checkbox"/> Newbasis	PCA132412-90030/90031
<input type="checkbox"/> Martin Enterprises	122012PC Tier 22
<input type="checkbox"/> Jensen Precast	HPC1324-12
<input type="checkbox"/> Oldcastle	S1324B12AA w/S1324HBBOA Lid
<input type="checkbox"/> Newbasis	FCA132412T-90013
<input type="checkbox"/> Newbasis	FCA132412T-00150
<input type="checkbox"/> Oldcastle (Duralite)	132412DL
<input type="checkbox"/> Channell	BULKU132412

**JB-3**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001640TAPCX12
<input type="checkbox"/> CDR	SA20173012
<input type="checkbox"/> Quazite	PG1730BA12 w/ PG1730HA lid
<input type="checkbox"/> Oldcastle	H1730-12 w/ Poly Tier 15 Lid
<input type="checkbox"/> Newbasis	PCA173012-90015/90016
<input type="checkbox"/> Martin Enterprises	173012PC Tier 22
<input type="checkbox"/> Jensen Precast	HPC1730-12
<input type="checkbox"/> Oldcastle	S1730B12AA w/S1730HBBOA Lid
<input type="checkbox"/> Newbasis	FCA173012T-90007
<input type="checkbox"/> Newbasis	FCA173012T-00294
<input type="checkbox"/> Oldcastle (Duralite)	173012DL
<input type="checkbox"/> Channell	BULKU173012

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Hand Holes (Concrete, Polymer Concrete & Hybrid)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**HH-1**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001974TAPCX24
<input type="checkbox"/> Newbasis	PCA243624
<input type="checkbox"/> Newbasis	FCA243624T
<input type="checkbox"/> Oldcastle	SYN2436TBOX24
<input type="checkbox"/> Oldcastle (Duralite Max)	24362070
<input type="checkbox"/> Channell	BULKU243624

**HH-2**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001430TAPCX24
<input type="checkbox"/> Newbasis	PCA304824
<input type="checkbox"/> Newbasis	PCA304824T
<input type="checkbox"/> Oldcastle	SYN3048TBOX24
<input type="checkbox"/> Channell	BULKU304824

**HH-3**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ARMORCAST	A6001430TAPCX36
<input type="checkbox"/> Newbasis	PCA304836
<input type="checkbox"/> Newbasis	FCA304836T
<input type="checkbox"/> Oldcastle	SYN3048TBOX36
<input type="checkbox"/> Channell	BULKU304836

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Radio Mount**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Pelco	AS-3004
<input type="checkbox"/> Pelco	AS-3009
<input type="checkbox"/> Traffic Hardware, Can-Brac	CULxxxV

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Cable Ties**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> 3-M	#06277
<input type="checkbox"/> T & B (TY-RAP)	#TY272MX
<input type="checkbox"/> Tyton	T120S0H4
<input type="checkbox"/> Advanced Cable Ties	AL-08-120-0-C
<input type="checkbox"/> Panduit (Anixter)	PLT5H
<input type="checkbox"/> Panduit (Anixter)	PLT3H
<input type="checkbox"/> Panduit (Anixter)	SST4H

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

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 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
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 Quantity rejected \_\_\_\_\_

**REMARKS:**

**Messenger, Tether, & Stabilizer Cable**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Messenger Cable**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Cal-Wire	3/8 inch EHS Grade, Class A
<input type="checkbox"/> National Strand	3/8 inch EHS Grade, Class A
<input type="checkbox"/> Bekaert	3/8 inch EHS Grade, Class A

**Tether/Stabilizer Cable**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> National Strand	1/4 inch, 7 strand, EHS Grade, Class A

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

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**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Eyebolt, Turnbuckle, Strandvise, & S-Hook**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Eyebolt**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Joslyn	J9512(E)
<input type="checkbox"/> Joslyn	J9514(E)
<input type="checkbox"/> MacLean	J9512

**Turnbuckle (w/Jam nuts)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Crosby	HG-226(1031314)

**Strandvise (1/4 inch)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Maclean Power Systems	5100
<input type="checkbox"/> Maclean Power Systems	5200

**Strandvise (3/8 inch)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Maclean Power Systems	5102

**S-Hook is supplied from ODOT. Contact TSSU at 503-378-2956**

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**Span Wire Hanger**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M66298
<input type="checkbox"/> Traffic Signal Hardware (GDM)	Drawing No. 1003 Inc.

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

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 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Tether Clamps**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M40699
<input type="checkbox"/> GDM	Drawing No. 1003

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Tri-Stud Adaptor**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Cost Cast Inc	Drwg. No. A-164
<input type="checkbox"/> Taylor Machine Company	Drwg. No. 10702
<input type="checkbox"/> Traffic Signal Hardware Inc (GDM)	Drwg. No. 1003

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

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CTSI Card# \_\_\_\_\_

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**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Bond Wire**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Republic Wire (Anixter)	#6 AWG 7 Strand
<input type="checkbox"/> General Cable (Anixter)	#6 AWG 7 Strand
<input type="checkbox"/> Rome (Anixter)	#6 AWG 7 Strand
<input type="checkbox"/> Superior Essex	#6 AWG 7 Strand
<input type="checkbox"/> Southwire	#6 AWG 7 Strand
<input type="checkbox"/> Encore	#6 AWG 7 Strand
<input type="checkbox"/> Nehring	#6 AWG 7 Strand
<input type="checkbox"/> Service Wire Co	#6 AWG 7 Strand

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

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 Quantity accepted \_\_\_\_\_  
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Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Ground Rod & Clamp**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Ground Rod**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Thomas & Betts (Blackburn)	6258
<input type="checkbox"/> Eritech	615880
<input type="checkbox"/> PP Porcelain Products	8438
<input type="checkbox"/> Petron Pacific	5/8"
<input type="checkbox"/> Hubbell/Chance	C615855

**Clamp**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Thomas & Betts (Blackburn)	JAB58H
<input type="checkbox"/> Burndy	GRC58
<input type="checkbox"/> PENN-UNION	CAB or CEB
<input type="checkbox"/> PP Porcelain Products	8058
<input type="checkbox"/> Eritech	HDC58
<input type="checkbox"/> ILSCO	C6RC58

**Chemical Ground System**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Tessco	n/a
<input type="checkbox"/> Superior Grounding Systems	n/a
<input type="checkbox"/> Erico	n/a

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Control Cable**

**ONLY IMSA 19-1 TYPE CABLE TO BE USED ON GRESHAM / MULTNOMAH COUNTY JOBS.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Rome (Anixter)	IMSA 19-1
<input type="checkbox"/> Belden (Anixter)	IMSA 19-1
<input type="checkbox"/> American (Anixter)	IMSA 19-1
<input type="checkbox"/> Advanced Digital Cable	IMSA 19-1
<input type="checkbox"/> Lake Cable (Anixter)	IMSA 19-1
<input type="checkbox"/> Falcon Fine Wire	IMSA 19-1
<input type="checkbox"/> General Cable	IMSA 19-1

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Industrial Ethernet Cable**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Belden	7953A
<input type="checkbox"/> Paige Datacom Solutions	258340804

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Interconnect Cable**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**PE-22 Cable**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Superior Essex	Sealpic
<input type="checkbox"/> General Cable (Anixter)	7527757
<input type="checkbox"/> Houston Wire	HW350

**PE-39 Cable**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Superior Essex	Sealpic-F
<input type="checkbox"/> Clifford	6P19-B1-BJFA
<input type="checkbox"/> General Cable (Anixter)	7524507
<input type="checkbox"/> Houston Wire	HW352

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*



**XHHW Wire**

**ONLY XHHW WIRE IS PERMITTED ON GRESHAM / MULTNOMAH COUNTY JOBS.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Rome Cable (Anixter)	WIRE
<input type="checkbox"/> General Cable (Anixter)	MUST
<input type="checkbox"/> Southwire	BE
<input type="checkbox"/> Encore Wire	MARKED
<input type="checkbox"/> Service Wire Co	ADDITIONAL
<input type="checkbox"/> Kris Tech (KT) Wire	MARKINGS
<input type="checkbox"/> Advanced Digital Cable	ALLOWED
<input type="checkbox"/> Cerrowire	
<input type="checkbox"/> CME Wire	

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Strain Relief**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Grainger	6D229 thru 6D237
<input type="checkbox"/> Hubbell	02206010 thru 02206013

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

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Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Pedestrian Signal & Mount**

**ONLY ALUMINUM PEDESTRIAN SIGNALS AND MOUNTS ARE PERMITTED ON GRESHAM / MULTNOMAH COUNTY JOBS.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Pedestrian Signal: Aluminum**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M31826
<input type="checkbox"/> McCain	M32236
<input type="checkbox"/> Econolite	PED16SFSNNN
<input type="checkbox"/> MoboTrex	SG7SZ20C1BBB
<input type="checkbox"/> Peek	4302 - Alum

**Pedestrian Signal Mount**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M27164
<input type="checkbox"/> Siemens	Clam Shell
<input type="checkbox"/> Peek	4805
<input type="checkbox"/> Econolite	105-1004-014 with 150-1005-014

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

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Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
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 Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**LED Module (Pedestrian Signal)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Countdown Combo**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Dialight	430-6479-001X
<input type="checkbox"/> Excellence Opto Inc	TRP-C45D3154C10
<input type="checkbox"/> Leotek	TSL-PED-16-CIL-9
<input type="checkbox"/> Leotek	TSL-PED-16-CIL-P1
<input type="checkbox"/> TraStar	JXM-400VIEIL
<input type="checkbox"/> GE	PS7-CFF1-VLA

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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Verified Materials by Markings/Packaging  
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Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**Pushbutton & Pushbutton Mount**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Pushbutton (Accessible, Retrofit for a Single Crossing)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Polara	iNS2-9-V-N-0-B with iPHCU3S Control Unit

**Pushbutton (Accessible, for New or Fully Upgraded Signal)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Polara	iNS2-9-V-N-0-B with required in-cabinet equipment: iCCU-C2 Rack-Mount Central Control Unit, iN2-ICB-C Interconnect Board, iN2-C4CABLE-C C4 Cable, and iN2-150WPS-C 150W Power Supply

**Pushbutton (for Standard Mount)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Polara	BDL3-B

**Pushbutton Standard Mount**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Polara	PBF9X12-B

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging  
Quantity accepted \_\_\_\_\_  
Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
Quantity accepted \_\_\_\_\_  
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**REMARKS:**

**CMO REQUIRED** if project is federally funded

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**Vehicle Signal Complete (Housing, Backboard, & Visor)**

**NO POLYCARBONATE VEHICLE SIGNAL HOUSINGS, BACKBOARDS, OR VISORS WILL BE ACCEPTED FOR GRESHAM / MULTNOMAH COUNTY JOBS.**

**ALL SIGNAL HEADS SHOWN WITH ELEVATOR PLUMBIZER TO HAVE PLUMBIZER INSTALLED BETWEEN RED AND YELLOW INDICATIONS.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Vehicle Signal: Aluminum**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M66263
<input type="checkbox"/> Peek	Standard: 12 inch
<input type="checkbox"/> Econolite	Standard: 12 inch
<input type="checkbox"/> MoboTrex	Standard: 12 inch

**Backboard: Aluminum w/reflective sheeting**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M66533
<input type="checkbox"/> Econolite	106-1037-5XX

**Visor: Aluminum**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	M19263
<input type="checkbox"/> Peek	0700027E
<input type="checkbox"/> Econolite	E8260P1-14
<input type="checkbox"/> Econolite	E8265P1-14
<input type="checkbox"/> MoboTrex	TV12

**Visor: Cut-off**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	45 deg. angle

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**LED Module (Vehicle Signal)**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**12" Red Circular Ball (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Leotek	TSL-12R-DT-A1-CLR
<input type="checkbox"/>	Dialight	433-1270-003XL15

**12" Yellow Circular Ball (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Leotek	TSL-12Y-DT-A1-CLR
<input type="checkbox"/>	Dialight	433-3270-901XL15

**12" Green Circular Ball (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Leotek	TSL-12G-DT-A1-CLR
<input type="checkbox"/>	Dialight	433-2270-001XL15

**12" Red Arrow (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Dialight	432-1374-001X-OD15
<input type="checkbox"/>	Leotek	TSL-12RA-DT-A1-CLR

**12" Yellow Arrow (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Dialight	431-3374-901-OD15
<input type="checkbox"/>	Leotek	TSL-12YA-DT-A1-CLR

**12" Green Arrow (Clear Lens, 15-Year Warranty)**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	Dialight	432-2374-001X-OD15
<input type="checkbox"/>	Leotek	TSL-12GA-IL6-A1-CLR

**12" Bi-Modal Yellow/Green Arrow**

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	TraStar	JXJ-300-VIYGA
<input type="checkbox"/>	Dialight	430-6370-001
<input type="checkbox"/>	Leotek	TSL-12BM-LD-A1

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<input type="checkbox"/>	<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

*Inspector to complete after all material is inspected and accepted.*

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Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**Plumbizer**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> McCain	6-screw elevator plumbizer

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**Vehicle Signal Bracket**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Standard (mast arm and large pole)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Pelco	AG-0125-X-X-PNC-SS
<input type="checkbox"/> Olson Sky Bracket	SS-SBC64-XX
<input type="checkbox"/> Olson Sky Bracket	SS-SBC64-SCB-XX
<input type="checkbox"/> Traffic Hardware, Can-Brac	CULxxxVT

**4" side pole mount (pedestals)**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Pelco	SE-0567

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

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 Quantity rejected \_\_\_\_\_

**REMARKS:**

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*Project Manager to complete after CMO is submitted.*

**Louver**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Pelco	GL-1010

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

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Date: \_\_\_\_\_

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Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

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Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Tattle Tale Light**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> ElectroTech	Tattle tale, Opt. 2, white

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**REMARKS:**

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*Project Manager to complete after CMO is submitted*

**Loop Feeder Cable**

**ONLY NO. 14 AWG LOOP FEEDER CABLE WILL BE ACCEPTED ON GRESHAM / MULTNOMAH COUNTY JOBS.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Belden (Anixter)	IMSA 50-2 14 AWG
<input type="checkbox"/> General Cable (Anixter)	IMSA 50-2 14 AWG
<input type="checkbox"/> Rome (Anixter)	IMSA 50-2 14 AWG
<input type="checkbox"/> CSC (Southwest Wire)	IMSA 50-2 14 AWG
<input type="checkbox"/> Advanced Digital Cable	IMSA 50-2 14 AWG
<input type="checkbox"/> Lake Cable (Anixter)	IMSA 50-2 14 AWG
<input type="checkbox"/> Falcon Fine Wire	IMSA 50-2 14 AWG

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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Quantity rejected \_\_\_\_\_

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Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

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*Project Manager to complete after CMO is submitted*

**Loop Wire**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Kris Tech (KT) Wire	IMSA 51-7 w/PE tube
<input type="checkbox"/> Coleman/CCI Cable & Wire	IMSA 51-7 w/PE tube
<input type="checkbox"/> Advance Digital Cable (ADC)	IMSA 51-7 w/PE tube
<input type="checkbox"/> R.J. Wire & Cable	IMSA 51-7 w/PE tube
<input type="checkbox"/> Clifford	IMSA 51-7 w/PE tube
<input type="checkbox"/> Rome (Anixter)	IMSA 51-7 w/PE tube
<input type="checkbox"/> Belden	IMSA 51-7 w/PE tube
<input type="checkbox"/> Lake Cable (Anixter)	IMSA 51-7 w/PE tube
<input type="checkbox"/> Falcon Fine Wire	IMSA 51-7 w/PE tube

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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Quantity rejected \_\_\_\_\_

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**REMARKS:**

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*Project Manager to complete after CMO is submitted*

**Loop Splice**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Silicone Wire Connectors**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Ideal WeatherProof®	Model 61® Gray/Orange
<input type="checkbox"/> Ideal WeatherProof®	Model 62® Gray/Red
<input type="checkbox"/> Ideal WeatherProof®	Model 63® Gray/Dk. Blue
<input type="checkbox"/> Ideal UnderGround®	Model 60® Gray/Gray
<input type="checkbox"/> Ideal UnderGround®	Model 64® Gray/Dk. Blue
<input type="checkbox"/> Ideal UnderGround®	Model 66® Gray/Dk. Blue

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**REMARKS:**

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Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**In-line Fuse Holder**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**120V/240V System**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Ideal	30-S1212
<input type="checkbox"/> Ideal - SLK	30-S1212D
<input type="checkbox"/> Littelfuse	LEC-JJ-S
<input type="checkbox"/> Littelfuse	LEY-JJ-S
<input type="checkbox"/> Cooper Bussmann	HEX-JJ
<input type="checkbox"/> Littelfuse	LEX-JJ
<input type="checkbox"/> Ideal - SLK	30-S2222
<input type="checkbox"/> Mersen	FEX-81-81-BA

**120V only System**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Ideal	30-S1212
<input type="checkbox"/> Ideal	30-S1212P
<input type="checkbox"/> Littelfuse	LEC-JJ-S
<input type="checkbox"/> Littelfuse	LEY-JJ-S
<input type="checkbox"/> Cooper Bussmann	HEB-JJ
<input type="checkbox"/> Littelfuse	LEB-JJ

**KTK 10A Fuse**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Cooper Bussmann	Limitron KTK-10
<input type="checkbox"/> Mersen	OTM-10
<input type="checkbox"/> Mersen	ATM-10

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

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Quantity accepted \_\_\_\_\_

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**REMARKS:**

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Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**TC Cable**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Encore Wire	Type TC
<input type="checkbox"/> Nexans	Ultrex XL TC
<input type="checkbox"/> Lake Cable	VIGX102

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**REMARKS:**

  
  
  

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**Photoelectric Cell**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Photocell**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Intermatic	LED4536SC
<input type="checkbox"/> Ripley	6390LL-BK

**Twist-Lock Receptacle**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Intermatic	K122

**Shorting Cap**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Dayton	26WA88
<input type="checkbox"/> Intermatic	K4500
<input type="checkbox"/> Ripley	6005

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**REMARKS:**

  
  
  

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Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Riser Frame**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Signal Control Co. (Peek)	1/4 inch Aluminum
<input type="checkbox"/> McCain	M61036
<input type="checkbox"/> Mobotrex	AQC14844P001
<input type="checkbox"/> Safetran	289700A332

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Service Cabinets**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Base Mounted 120/240V Service**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Fouch	BMC
<input type="checkbox"/> Brownfield/Rhino Mfg	BMC

**Base Mounted 120/240V Service with Illumination**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Fouch	BMCL
<input type="checkbox"/> Brownfield/Rhino Mfg	BMCL

**Pole Mounted 120/240V Service**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Fouch	SC/2
<input type="checkbox"/> Brownfield Manufacturing	SC/2

**Pole Mounted 120/240V Service with Illumination**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Fouch	SCL/2
<input type="checkbox"/> Fouch	SCL/S (Gresham/Multnomah Co.)
<input type="checkbox"/> Brownfield Manufacturing	SCL/2

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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**REMARKS:**

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Received Date: \_\_\_\_\_

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**Meter Base**

**METER BASES MUST MEET ALL PORTLAND GENERAL ELECTRIC REQUIREMENTS FOR SERVICE.**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Brand/Manufacturer** \_\_\_\_\_ **Catalog/Part No.** \_\_\_\_\_

No products listed yet, use "Write-In Items" section below.

Write-In Items Must Be Preapproved (Attach Cut Sheets):

**Brand/Manufacturer** \_\_\_\_\_ **Catalog/Part No.** \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**REMARKS:**

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Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Terminal Cabinet**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> Fouch	18 inch x 8 inch x 6 inch
<input type="checkbox"/> Brownfield/Rhino Manufacturing	8000

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

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Date: \_\_\_\_\_

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Verified Materials by Markings/Packaging  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)  
 Quantity accepted \_\_\_\_\_  
 Quantity rejected \_\_\_\_\_

**REMARKS:**

  
  
  

**CMO REQUIRED** if project is federally funded.

Received    Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*

**Terminal Blocks**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**External Terminal Cabinet**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> SQUARE 'D'	Type 'K'
<input type="checkbox"/> Allen-Bradley	1492-CA1
<input type="checkbox"/> Marathon	6G38
<input type="checkbox"/> Marathon	6H38
<input type="checkbox"/> Marathon	6H12
<input type="checkbox"/> Phoenix Contact	UT4
<input type="checkbox"/> Phoenix Contact	UT6
<input type="checkbox"/> Entrelec	'M' Series

**Recessed Terminal Cabinet TYPE A**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> IlSCO	PDA-14-2/0-1
<input type="checkbox"/> IlSCO	PDC-14-2/0-1

**Recessed Terminal Cabinet TYPE B**

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> SQUARE 'D'	9080GR6T Series
<input type="checkbox"/> ABB (Entrelec)	M6/8 Series

Write-In Items Must Be Preapproved (Attach Cut Sheets):

<u>Brand/Manufacturer</u>	<u>Catalog/Part No.</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted*

**Sign Bracket**

Approved Products:

*Inspector to check box next to all materials incorporated into project and verified.*

**Type A (Span Wire Mount)**

**Brand/Manufacturer** \_\_\_\_\_ **Catalog/Part No.**

No products listed yet, use "Write-In Items" section below.

**Type B (Mast Arm/Pole Mount)**

**Brand/Manufacturer** \_\_\_\_\_ **Catalog/Part No.**

Pelco AG-0142-X-X-PNC-SS

Olson Sky Bracket SS-SBC64-SBK-XXTKXX

Write-In Items Must Be Preapproved (Attach Cut Sheets):

**Brand/Manufacturer** \_\_\_\_\_ **Catalog/Part No.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Inspector to complete after all material is inspected and accepted.*

**INSPECTED & ACCEPTED ON PROJECT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CTSI Card# \_\_\_\_\_

Verified Materials by Markings/Packaging

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

Verified Materials by Manufacturer's or Supplier's Certification (Copy Attached)

Quantity accepted \_\_\_\_\_

Quantity rejected \_\_\_\_\_

**REMARKS:**

**CMO REQUIRED** if project is federally funded.

Received Date: \_\_\_\_\_

*Project Manager to complete after CMO is submitted.*