

NEW JERSEY DEPARTMENT OF TRANSPORTATION

TRAFFIC VOLUME SYSTEM DEVICE TESTING - LEVEL A

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

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

This procedure outlines Level A device test to be performed on Traffic Volume System. Perform following tests at controller TVS cabinet using vendor certified Software. Level A device testing demonstrates that the individual devices at each work site are fully operational.

Testing Software Name: _____

TVS Manufacturer: _____ **TVS Model No.:** _____ **TVS Serial No.:** _____

1: TVS CONTROLLER

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Verify communication between modem and data collection unit					
II.	Verify 8 digit station ID					
III.	Confirm recording and data storage interval settings	User selectable increments of 1, 5, 15, 30, 60 minutes				
IV.	Verify date and time					
V.	Verify sensor configuration, size and spacing					
VI.	Verify loop inputs and recording channels					
VII.	Verify available memory and memory in use					
VIII.	Verify data recording parameters	Speed, Length, Gap, Headway, Volume				
IX.	Verify bin thresholds and view recordings by bin					
X.	Verify individual sensor activations					
XI.	Verify individual recording in real time for each vehicle					
XII.	Map channels into groups, such as by direction and local and express lanes, for each sensor input					
XIII.	Unplug the modem and plug-in after 60 second and verify if communication is restored without modem reset					
XIV.	Unplug the data collection unit and re-plug after 60 sec and verify if any data					

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	loss occurred					
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2: TVS CALIBRATION

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Drive the truck as specified over each lane a minimum of 5 times and record the values by each sensor for each pass. Verify that average values among 5 passes meets the following calibration factors:	5-axle tractor-trailer with gross combined weight of 75000-80000 pounds				
I.	Vehicle length accuracy	± 12 inch				
II.	Axle spacing	± 6 inch				
III.	Speed accuracy	± 1 MPH				
IV.	Perform functional test when lane is opened for traffic using oscilloscope.					
V.	Verify the accuracy of volume, speed, and length					

3: SENSORS PERFORMANCE

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Using an LCR (inductance, capacitance, resistance) meter, measure the inductance and resistance of each loop detector, both at the junction box nearest to the sensor array and at the terminal strip in the controller cabinet	Inductance: Within the range consistent with 4 turns of loop detector wire				
II.	Verify the ratio of loop detector inductance to detector lead inductance and record the value	Meets manufacturer's requirements				
III.	Verify the signal produced by piezoelectric axle sensor	In conformance with manufacturer's requirements				
IV.	Verify the real time review capabilities of the system to verify that On-site controller receiving signals from all roadway sensors and is converting those					

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	signals into useful data					
V.	Verify the signals received by system electronics from In-Road temperature sensor	In conformance with manufacturer's requirements				

4: DATA RETREIVAL

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Obtain precise time of each individual sensor activation and readings					
II.	Create a classification scheme based on number and spacing of axles and select newly created classification scheme					
III.	Verify real time vehicle viewing selectable by lane with graphical output					
IV.	Verify that data retrieval does not interfere with data collection operation					

5: TVS CABINET

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Verify thermostat operation for ventilation control					
II.	Verify that cabinet light is operational					
III.	Verify that upon power loss , plug-in "power off" relay de-energize and remain de-energized until reset, but allows control mechanism to return to operation when current is restored					
IV.	Verify that universal power supply is functional	4 hours of uninterrupted service				
V.	Verify resistance for off-scale sensors and lead in cables					
VI.	Verify ground resistance					

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LEVEL A TEST RESULTS:

PASS ☐

FAIL ☐

Correction Work Items:

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

We agree that Level A testing of the Traffic Volume 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. _____ | _____ |

TRAFFIC VOLUME SYSTEM DEVICE TESTING - LEVEL C

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

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

This procedure outlines Level C device test to be performed on Traffic Volume System. Level C device testing demonstrates that each device is fully operational from the designated control center to the device work site after integration into the designated control center software management systems. After the Contractor's verification test, the Department will conduct a 14-day observational and functional test period.

PRIOR TO LEVEL C 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 C TESTING

IF FAIL, REPEAT NETWORK COMMUNICATIONS TESTING AFTER TROUBLESHOOTING

IF N/A, EXPLAIN _____

Testing Software Name: _____

Test Location: _____

TVS Manufacturer: _____ **TVS Model No.:** _____ **TVS Serial No.:** _____

1. TVS CONTROLLER

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Verify communication with site TVS controller					
II.	Verify 8 digit station ID					
III.	Confirm recording and data storage interval settings	User selectable increments of 1, 5, 15, 30, 60 minutes				
IV.	Verify date and time					
V.	Verify sensor configuration, size & spacing					
VI.	Verify loop inputs and recording channels					
VII.	Verify available memory and memory in use					
VIII.	Verify data recording parameters	Speed, Length, Gap, headway, Volume				
IX.	Verify bin thresholds and view recordings by bin					
X.	Verify individual sensor activations					

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XI.	Verify individual recording in real time for each vehicle					
XII.	Map channels into groups, such as by direction and local and express lanes, for each sensor input					

2: DATA RETREIVAL

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Obtain precise time of each individual sensor activation and readings					
II.	Create a classification scheme based on number and spacing of axles and select newly created classification scheme					
III.	Verify real time vehicle viewing selectable by lane with graphical output					

3: REPORT GENERATTION

No.	Task	Required Value	Actual Value	Pass	Fail	Comments
I.	Verify daily & weekly summary reports for the following:					
a.	Volume per increment					
b.	Vehicle Speed	Min. 16 user defined bins				
c.	Classification	Min. 24 user defined classes				
d.	Vehicle Length					
e.	Gap between vehicles					
f.	Headway between fronts of vehicles					
g.	Bridge formula violations					
II.	Generate & verify error reports including time down, system access and improperly completed records					
III.	Verify the ability to automatic input of site &					

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classification records into FHWA Vehicle Travel Information System (VTRIS) database					
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LEVEL C TEST RESULTS:PASS ☐FAIL ☐**Correction Work Items:**

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

We agree that Level C testing of the Traffic Volume 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: _____

Resident Engineer Name: _____

Signature and Date: _____

Corrected Work Items:**ITS Inspector Signatures & Date**

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |