TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

This procedure outlines Level B device tests to be performed on Travel Time System to compare the travel time measured by transmit reader and actual travel time calculated by vehicle. Level B 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 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 _____

TTS CONTROLLER LOCATIONS:

TTS # ___1____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

TTS # ___2____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

TTS # ___3____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

TTS # ___4____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

TTS # ___5____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

TTS # ___6____   **Route: _____**   **MM_____ . ____**   **NB/SB/EB/WB/Median**
Nearest Side Street Name: _____

Test Procedure:
1. Obtain the link origin, link destination and link distance in feet and miles.
2. Drive a probe vehicle between the links and note the travel time while another person monitor and note the travel time measured by transmit readers at transcom facility.
3. Repeat this process three times for each link at various times of the day as approved by RE.
4. Determine the difference in travel time measured by probe vehicle and transmit reader.
5. Link will pass if probe vehicle Travel Time is with in ____% of Transmit Server Travel Time. Confirm % with RE.

NEW JERSEY DEPARTMENT OF TRANSPORTATION

TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

TEST NO. 1   DATE: _____   TIME: _____

Link No.	Link Origin	Link Destination	Link Distance Feet	Link Distance Miles	Speed From Transmit Server	Travel Time from Transmit Server (TS) (mm:ss)	Travel Time from Probe Vehicle (PV) (mm:ss)	Time Difference (PV-TS) (mm:ss)	Result Pass / Fail

TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

TEST NO. 2 **DATE:** _____ **TIME:** _____

Link No.	Link Origin	Link Destination	Link Distance Feet	Link Distance Miles	Speed From Transmit Server	Travel Time from Transmit Server (TS) (mm:ss)	Travel Time from Probe Vehicle (PV) (mm:ss)	Time Difference (PV-TS) (mm:ss)	Result Pass / Fail

TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

TEST NO. 3   DATE: _____   TIME: _____

Link No.	Link Origin	Link Destination	Link Distance Feet	Link Distance Miles	Speed From Transmit Server	Travel Time from Transmit Server (TS) (mm:ss)	Travel Time from Probe Vehicle (PV) (mm:ss)	Time Difference (PV-TS) (mm:ss)	Result Pass / Fail

TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

TEST RESULT SUMMARY

Test No.	Task	Result P: Pass / F: Fail	Comments
1	Evaluate travel times from test tables	TTS #1: P / F TTS #2: P / F TTS #3: P / F TTS #4: P / F TTS #5: P / F TTS #6: P / F	
2	Evaluate travel times from test tables	TTS #1: P / F TTS #2: P / F TTS #3: P / F TTS #4: P / F TTS #5: P / F TTS #6: P / F	
3	Evaluate travel times from test tables	TTS #1: P / F TTS #2: P / F TTS #3: P / F TTS #4: P / F TTS #5: P / F TTS #6: P / F	

TRAVEL TIME SYSTEM (TRANSMIT)
DEVICE TESTING - LEVEL B

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

LEVEL B TEST RESULTS:

PASS ☐ **FAIL** ☐

Correction Work Items:

1. _____

2. _____

3. _____

4. _____

5. _____

We agree that Level B testing of the Travel Time 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: _____

Traffic Operations Center Representative Name: _____
Signature and Date: _____

Corrected Work Items: ## Signatures & Date

Work Items   **ITS Inspector**   **TOC Representative**
1. _____   _____   _____
2. _____   _____   _____
3. _____   _____   _____
4. _____   _____   _____
5. _____   _____   _____