

KENTUCKY TRANSPORTATION CABINET
DIVISION OF MATERIALS

CONTRACTOR'S QUALITY CONTROL PLAN/CHECKLIST

I. GENERAL INFORMATION

A. PRODUCER

Name and Location: _____

Producer Number: _____

Plant Type: _____

B. PROJECT

County: _____

Project ID Number: _____

C. TYPE(S) OF MIXTURE COVERED BY THIS QC PLAN

D. QUALITY CONTROL MANAGER

Name: _____

Phone Number: _____

Other Quality Control Personnel: _____

E. SCALES CERTIFICATION/PROPORTIONING CALIBRATION

Date Batching Scales Certified: _____

Expiration Date: _____

Date of Most Recent Metering Pump Calibration (drum plants): _____

Date of Most Recent Aggregate and RAP Belt Scales (if applicable): _____

II. INSPECTION RESPONSIBILITIES (List Frequencies as Applicable)

A. AGGREGATE

1. Contamination (Stockpiles and Cold Feeds): _____

2. Intermixing (Stockpiles and Cold Feeds): _____

3. Other: _____

B. HAULING EQUIPMENT

1. Truck-bed Solution Sprayer: _____

2. Contamination: _____

3. Tarps: _____

4. Other: _____

C. PLANT SETTINGS

1. Cold feed, Hot-Bin or Gate Settings: _____

2. Mixing Times: _____

3. Temperatures of Aggregate: _____

of Asphalt Binder: _____

4. Other: _____

III. TESTING RESPONSIBILITIES (List Frequencies as Applicable)

A. PRELIMINARY AGGREGATE GRADATIONS

1. Stockpiles: _____

2. Hot-Bins: _____

3. Collector Belt: _____

B. COLD-FEED PERCENTAGES (Set feeders prior to production)

1. Mixtures with Polish-Resistant Aggregate: _____

2. Other Mixtures: _____

C. MOISTURE CONTENTS

1. Individual Aggregates: _____

2. Mixture: _____

D. MIX TEMPERATURE

E. ASPHALT CONTENT DETERMINATION

1. Extractions: _____

2. Recordation/Printed Ticket: _____

3. Nuclear Asphalt Content Gauge: _____

4. Back-Calculation from Gmm: _____

5. Ignition Oven: _____

F. AGGREGATE GRADATION (AS PRODUCED) (Wet-Sieve Analysis Required)

1. Extracted Gradations: _____

2. Hot-Bin Samples (including returned dust): _____

3. Collector-Belt Samples: _____

4. Other: _____

G. VOLUMETRIC PROPERTIES

1. Gmm Determinations: _____

2. Unit Weight Determination: _____

3. Other: _____

H. BACKUP MEANS OF ACCEPTANCE (List secondary means of acceptance if primary mode fails)

I. OTHER TESTS (Specify the type and frequency of any other testing to be performed)

IV. DOCUMENTATION (List the means of documentation to be used and provide examples of all forms if different from those issued by the Kentucky Department of Highways).

V. REMARKS (Describe any other efforts to control the process that will be available or utilized).

VI. CONTACT PERSON (List name and phone number of individual, if other than QC Manager, to be contacted as needed).

Name: _____

Phone: _____

This signature is to certify that adequate facilities and personnel will be available and utilized to comply with the above listed specifications.

Quality Control Manager: _____

Date: _____