HMA QUALITY ASSURANCE PLAN

This plan has been prepared in accordance with the Special Provision for Superpave Hot Mix Asphalt Percent Within Limits (PWL).

CONTRACT ID		
CONTROL SECTION	PROJECT NUMBER	
PROJECT DESCRIPTION		
PROJECT ENGINEER (Name) ▶		
PROJECT LET (Date) ▶		
PRE-CONSTRUCTION MEETING (Date) ▶		
PRE-PRODUCTION MEETING (Date) ▶		
POST-PRODUCTION MEETING (Date) ▶		
HMA-QA PLAN ADMINISTRATOR FOR THIS PROJECT (If other than Project Engineer) ▶		
HMA-QC PLAN ADMINISTRATOR FOR THIS PROJECT (From HMA-QC Plan) ▶		
HMA-QA PLAN SENT TO HMA-QC PLAN ADMINISTRAT (Date) ▶	OR	
HMA-QA PLAN ADMINISTRATOR SIGNATURE		DATE

MDOT 0587 (04/06) Page 2 of 7

1. Quality Assurance Organization (refer to Attachment A)

Personnel involved in HMA quality assurance on this project are listed in Attachment A of this HMA Quality Assurance Plan. The Project Engineer will notify the HMA-QC Plan Administrator of any deletions or additions to the quality assurance team for this project.

2. Quality Assurance Team Qualifications and Responsibilities

Quality assurance Sampling and Testing of HMA Superpave material on this project will be carried out according to Section (f) of the Special Provision for Superpave Hot Mix Asphalt Percent Within Limits (PWL).

The duties and responsibilities of project staff are as described in subsection 104.01 of the MDOT *Standard Specifications for Construction*. If Construction Engineering services are provided by a Consultant for this project, the statement of work and contract to provide these services on MDOT's behalf will also apply.

Applicable requirements of the MDOT materials quality assurance program, as defined by the current MDOT *Materials Quality Assurance Manual, Hot Mix Asphalt QC/QA Procedures Manual of Field Testing* and other pertinent manuals, guides and publications referenced by the MDOT *Standard Specifications for Construction* and the contract documents will apply.

- A. <u>HMA-QA Plan Administrator</u> The Project Engineer named above will be responsible for administering this HMA-QA Plan throughout the life of this project and will institute any actions necessary to successfully implement this HMA-QA Plan. In the event the Project Engineer changes during the life of the project, the HMA-QC Plan Administrator will be notified.
- B. <u>Quality Assurance Technicians</u> All equipment calibration and maintenance; quality assurance sampling and testing; and quality assurance documentation will be performed by qualified technicians. All QAT(s) will be certified through the Michigan Bituminous QC/QA Technician Certification Program or other approved program. Certifications required for QAT(s) will be included in the project files.
- C. <u>Construction Personnel</u> The personnel responsible for field inspection and for obtaining QA samples are listed in Attachment A to this HMA-QA Plan. Certifications required for these individuals will be included in the project files.
- D. <u>Laboratory Facilities</u> The laboratory listed in Attachment B to this HMA-QA Plan will be responsible for performing all Superpave HMA QA testing on this project. This laboratory has demonstrated that it is equipped, staffed, and managed so as to be capable of testing Superpave HMA in accordance with the applicable test methods. For the purpose of demonstrating adequate equipment, staffing and management as required by this HMA-QA Plan, the laboratory listed in Attachment B will be managed and operated under the agency-wide oversight of the AMRL-accredited Construction and Technology Support Area Laboratory.

HMA QUALITY ASSURANCE TEAM

Page 3 of 7

ATTACHMENT A

CONTRACT ID					
CONTROL NUMBER		Р	ROJECT NUMBER		
PROJECT ENGINEER NAME					
PROJECT OFFICE SUPP	ORT STAFF INVOLVED II	N QA ON THE P	ROJECT:		
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS	1	
►NAME	I	COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS	·	
►NAME		COMPANY	<u> </u>	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	•	E-MAIL ADDRESS		
►NAME	l	COMPANY	1	CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS	·	
►NAME		COMPANY	1	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	•	E-MAIL ADDRESS		
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS		-	- Address
►NAME		COMPANY	1	CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS		
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS		
►NAME		COMPANY	1	CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS		
►NAME	I	COMPANY	1	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	•	E-MAIL ADDRESS	,	

HMA QUALITY ASSURANCE TEAM

Page 4 of 7

ATTACHMENT A

QUALITY ASSURANCE TECHNICIANS

►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS	l	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	<u> </u>	E-MAIL ADDRESS		
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS	l	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.		E-MAIL ADDRESS		
►NAME		COMPANY	I	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS		
►NAME		COMPANY	I	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS		
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	ı	E-MAIL ADDRESS	I	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS	I	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	.1	E-MAIL ADDRESS	I	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS		
►NAME		COMPANY	I	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	1	E-MAIL ADDRESS	1	
►NAME		COMPANY		CERTIFIED?	YES NO
PHONE NO.	FAX NO.	I	E-MAIL ADDRESS		

HMA-QA LABORATORY FACILITY

Page 5 of 7

ATTACHMENT B

LAB NAME	THIS FACILITY IS A (Chec	THIS FACILITY IS A (Check only one)		
	Main facility	Sub-facility	Site facility	
LOCATION	,			
IF OTHER THAN A MAIN FACILITY, LIST THE	FACILITY NAME, LOCATION, AND CONT	ACT INFORMATION		
LAB NAME	THIS FACILITY IS A (Che	ck only one)		
	Permanent facili		Temporary facility	
LOCATION				
CONTACT PERSON	CONTACT PERSON PHO	NE NO.		

All applicable equipment calibration and certification records for the equipment listed in Attachment C to this Plan are available at the laboratory facility.

I certify that the facility is equipped, staffed and managed so as to be capable of testing HMA in accordance with the applicable test methods

LABORATORY SUPERVISOR SIGNATURE	DATE
LABORATORY MANAGER SIGNATURE (Non-MDOT Facility)	DATE
REGION MATERIALS ENGINEER SIGNATURE (MDOT Facility)	DATE

Page 6 of 7 ATTACHMENT C

SIGNIFICANT SAMPLING AND TESTING EQUIPMENT

All equipment used by MDOT, contract agencies or contractors for materials inspection, sampling or testing must be calibrated. Calibration of equipment will be conducted at the frequency recommended by national standards (AASHTO, ASTM, and NIST). The calibration frequencies will be strictly observed to ensure verifiable results. (MDOT Materials Quality Assurance Manual Sec. A-1)

►EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
Gyratory Compactor		
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
Oven/Furnace		
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
►EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
Pressure Gage		
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
Thermometer		
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
▶ EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
Scale		
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL
► EQUIPMENT NAME	MANUFACTURER	MODEL / SERIAL NO.
DATE CALIBRATED	CALIBRATED BY	CALIBRATION DATAL

SAMPLING AND TESTING METHODS

ATTACHMENT D

List all sampling and testing methods that will be applied to HMA-QA on this project that are revisions to or in addition to the sampling and testing methods covered by the Hot Mix Asphalt QC/QA Procedures Manual of Field Testing. Prepare a Work Order to establish these revisions or additions as the methods to apply to this contract.		