**Asphalt Technician Assessment & IA Split Sampling**

**HMA Roadway Technician - Summary Sheet**

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| Technician Name: | Click or tap here to enter text. |  | Technician ID#: | Click or tap here to enter text. |
| Technician Assessor Name: | Click or tap here to enter text. |  | Assessment Date: | Click or tap to enter a date. |
| IA Sampling Assessor Name: | Click or tap here to enter text. |  | IA Sampling Date: | Click or tap to enter a date. |
|  |  |  | HiCAMS #: | Click or tap here to enter text. |

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| **HMA Roadway Technician Assessment Results** |
| **Test Procedure** | **Assessment Results** | **Investigation Notes (Required if Un-Acceptable)** |
| Nuclear Density Testing (M&T 901 QC/QA -N) | Choose an item. | Click or tap here to enter text. |

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| **HMA Roadway Technician IA Split Sampling Results** |
| **Test Procedure** | **Assessment Results** | **Investigation Notes (Required if Un-Acceptable)** |
| Nuclear Density Testing (M&T 901 QC/QA-N) | Choose an item. | Click or tap here to enter text. |

Notes:

Click or tap here to enter text.

**Nuclear Density Testing**

**M&T 901 QC/QA-N**

**NCDOT IA Assessment & Split Sampling**

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| Technician Name: | Click or tap here to enter text. |  | Technician ID#: | Click or tap here to enter text. |
| **Procedure** | **1st Trial** | **2nd Trial** |
| 1. | Verify all equipment and tools meets all requirements per M&T Standard. | Choose an item. | Choose an item. |
| 2. | Verify the Technician has a valid certification. | Choose an item. | Choose an item. |
| 3. | The nuclear gauge was set in proper unit of measurement. | Choose an item. | Choose an item. |
| 4. | The Standard Count taken was specified (observe Standard Count set-up and question technician on requirements). | Choose an item. | Choose an item. |
| 5. | The Depth Strip was properly calibrated (3450 model only). | Choose an item. | Choose an item. |
| 6. | The nuclear gauge was set in proper test mode (3450 model only). | Choose an item. | Choose an item. |
| 7. | The nuclear gauge was set in proper count time. | Choose an item. | Choose an item. |
| 8. | The correct target density was utilized and the calculations were correct. | Choose an item. | Choose an item. |
| 9. | The proper lift thickness was utilized. | Choose an item. | Choose an item. |
| 10. | The correct minimum specified density requirement for the mix was being utilized.  | Choose an item. | Choose an item. |
| 11. | The Control Strip performed was within the specified time period. | Choose an item. | Choose an item. |
| 12. | The Test Section Standard Count was within tolerance of the Control Strip Standard Count. | Choose an item. | Choose an item. |
| 13. | The Source Rod was placed in the proper measurement position. | Choose an item. | Choose an item. |
| 14. | The nuclear gauge was properly positioned and seated when taking a reading. | Choose an item. | Choose an item. |
| 15. | The count time was completely elapsed prior to the technician pulling the source rod into the safe position (monitor carefully). | Choose an item. | Choose an item. |
| 16. | Record the original test results (%): | Choose an item. | Choose an item. |
| 17. | Record the observed re-test results (%): | Choose an item. | Choose an item. |
| 18. | The test results from the original reading and observed re-test were within specified tolerance of 1.5% (if “Fail” conduct investigation). | Choose an item. | Choose an item. |

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| **Technician Assessor Name:** | Click or tap here to enter text. |  | **Assessment Date:** | Click or tap to enter a date. |
| **IA Sampling Assessor Name:** | Click or tap here to enter text. |  | **IA Sampling Date:** | Click or tap to enter a date. |

**Technician Assessment Requirements**

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| **To successfully complete each step in the above procedure within two trials.** |

**Technician Assessment Results**

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| ­**Technician Assessment** | **Results** | **Investigation Notes (Required if Un-Acceptable)** |
| Trial 1 | Choose an item. | Click or tap here to enter text. |
| Trial 2 | Choose an item. | Click or tap here to enter text. |

**IA Split Sampling Requirements**

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| --- | --- | --- | --- |
| **Correlation**  | **Acceptable****(<= 10%)** | **Un-Acceptable****(> 10%)** | **Investigation Notes****(greater than 10% difference)** |

**IA Split Sampling Results**

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| --- | --- | --- | --- |
|  | **Technician Results (%)** | **IA Assessor Results (%)** | **Correlation Results** |
| Trial 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Trial 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |