

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
HOT MIX ASPHALT QUALITY CONTROL CERTIFICATION**

Contractor: _____ [1] Plant Location: _____ [2]

Plant Cert: _____ [3]

| SAMPLING INFORMATION AND TONNAGES | | | | | | | DATE SAMPLED: _____ [4] | | | | |
|-----------------------------------|----------|---------|---------------|--------------------|------------------|-------------|---------------------------|--------|--------|-----------------|--|
| Project No. | Type Mix | JMF No. | QC Sample No. | Tons @ Sample Time | Time From Ticket | Invoice No. | PROJECT TONNAGES | | | Sample Taken By | |
| | | | | | | | Previous | Today | Total | | |
| [5] | [6] | [7] | [8] | [9] | [10] | [11] | [12] | [13] | [14] | [15] | |
| ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | |

| MOISTURES | | | | |
|---------------------|---------------------|---------------------|---------------------|---------------------|
| Material_ [16] | Material_ [16] | Material_ [16] | Material_ [16] | Material_ [16] |
| ↓ Wet Wt. _____ | ↓ Wet Wt. _____ | ↓ Wet Wt. _____ | ↓ Wet Wt. _____ | ↓ Wet Wt. _____ |
| ↓ Dry Wt. _____ | ↓ Dry Wt. _____ | ↓ Dry Wt. _____ | ↓ Dry Wt. _____ | ↓ Dry Wt. _____ |
| ↓ % Moist. _____ | ↓ % Moist. _____ | ↓ % Moist. _____ | ↓ % Moist. _____ | ↓ % Moist. _____ |

| MIX TEST RESULTS | | | | | | | DATE TESTED: _____ | | | | | | | | |
|------------------|-----------------------|------------|------------|------------|------------|-------------|--------------------|--------|---------|--------|---------|---------|----------|--------------------|---------------------|
| QC SAMPLE NO. | Gmb @ Ndes (Measured) | Gmm (Rice) | VTM @ Ndes | VMA @ Ndes | VFA @ Ndes | %Gmm @ Nini | 25 mm | 19 mm | 12.5 mm | 9.5 mm | 4.75 mm | 2.36 mm | 0.075 mm | % Binder (CONTROL) | Dust / Binder Ratio |
| | | | | | | | | | | | | | | | |
| ↓ | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] | [18] |

Anti-Strip Totalizer Flowmeter Readings Begin [19] End [20] Gallons of Anti-Strip Used Today [21]

Remarks: _____ [22]

I certify that all Quality Control Tests were performed on this mix and the results listed above are correct.

* BY PROVIDING THIS DATA UNDER MY SIGNATURE AND / OR HICAMS #, I ATTEST TO THE ACCURACY AND VALIDITY OF THE DATA ON THIS FORM AND CERTIFY THAT NO DELIBERATE MISREPRESENTATION OF TEST RESULTS, IN ANY MANNER HAS OCCURRED.

_____ [23]
* Print QC Technician's Name and Hicams #

_____ [24]
* QC Technician's Signature

QC-1

DAILY HMA QUALITY CONTROL CERTIFICATION

GENERAL NOTE: This form is a general summary of all daily QC test results, tonnage produced, anti-strip additive used, and also serves as a log of all samples taken. This form may be used for more than one project number, different type mixes and different job mix formulas. The form including all data and mix test results is to be completed by Contractor's QC personnel and shall be faxed to the appropriate Division QA Lab no later than the beginning of the following work day, not to exceed 3 calendar days (Except maintenance version sample information shall be faxed no later than 1 calendar day after sample is taken). This form is to be maintained in the QC lab files for a minimum of three (3) years after the date the form is completed. QA personnel will maintain their copy of this form indefinitely unless permission is given otherwise.

1. Name of Contractor producing mix.
2. Actual site of plant producing mix.
3. Current HiCAMS asphalt plant certification number (Example: AS111).
4. Date mix produced and sampled.
5. Project number for which mix is produced and placed.
6. Type mixes produced and placed.
7. Appropriate job mix formula number.
8. QC sample number for mix being sampled.
9. Accumulated daily mix design tonnage at which sample was taken.
10. Actual time on load ticket that sample was taken.
11. Preprinted number on load ticket for truck from which sample was taken.
12. Accumulated project tonnage prior to this date.
13. Project tons of appropriate JMF produced this date.
14. Accumulated project tonnage including this date's tonnage.
15. Initials of QC technician that took sample from sample load.
16. Daily Moistures: (Wet Wt. minus Dry Wt. divided by Dry Wt. x 100 = % Moisture)
17. Appropriate QC Sample Number.
18. Appropriate mix test data. Enter all required test data for type mix tested.

Note: If anti-strip additive is introduced into the asphalt binder at the asphalt plant site, complete nos. 21, 22 & 23. If anti-strip additive is added at the binder terminal site, there will be no entries in these blanks.

19. Totalizer flowmeter reading at the beginning of the production day.
20. Totalizer flowmeter reading at the end of the production day.
21. Gallons of anti-strip additive used this production day (#20 - #19).
22. Any pertinent remarks (include any changes made to control mix properties).
23. Printed name and HiCAMS certification number of technician entering test results on this form.
24. Signature of technician certifying that mix test data is true and correct.

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Contractor: _____

Plant Location: _____

Plant Cert: _____

| SAMPLING INFORMATION AND TONNAGES | | | | | | | DATE SAMPLED: _____ | | | |
|-----------------------------------|----------|---------|---------------|--------------------|------------------|-------------|---------------------|-------|-------|-----------------|
| Project No. | Type Mix | JMF No. | QC Sample No. | Tons @ Sample Time | Time From Ticket | Invoice No. | PROJECT TONNAGES | | | Sample Taken By |
| | | | | | | | Previous | Today | Total | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

MOISTURES

| | | | | |
|----------------|----------------|----------------|----------------|----------------|
| Material _____ | Material _____ | Material _____ | Material _____ | Material _____ |
| Wet Wt. _____ | Wet Wt. _____ | Wet Wt. _____ | Wet Wt. _____ | Wet Wt. _____ |
| Dry Wt. _____ | Dry Wt. _____ | Dry Wt. _____ | Dry Wt. _____ | Dry Wt. _____ |
| % Moist. _____ | % Moist. _____ | % Moist. _____ | % Moist. _____ | % Moist. _____ |

| MIX TEST RESULTS | | | | | | | DATE TESTED: _____ | | | | | | | | |
|------------------|-----------------------|------------|------------|------------|------------|-------------|--------------------|-------|---------|--------|---------|---------|----------|--------------------|---------------------|
| QC SAMPLE NO. | Gmb @ Ndes (Measured) | Gmm (Rice) | VTM @ Ndes | VMA @ Ndes | VFA @ Ndes | %Gmm @ Nini | 25 mm | 19 mm | 12.5 mm | 9.5 mm | 4.75 mm | 2.36 mm | 0.075 mm | % Binder (CONTROL) | Dust / Binder Ratio |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Anti-Strip Totalizer Flowmeter Readings Begin _____ End _____ Gallons of Anti-Strip Used Today _____

Remarks: _____

I certify that all Quality Control Tests were performed on this mix and the results listed above are correct.

* Print QC Technician's Name and Hicams #

*** BY PROVIDING THIS DATA UNDER MY SIGNATURE AND / OR HICAMS #, I ATTEST TO THE ACCURACY AND VALIDITY OF THE DATA ON THIS FORM AND CERTIFY THAT NO DELIBERATE MISREPRESENTATION OF TEST RESULTS, IN ANY MANNER HAS OCCURRED.**

* QC Technician's Signature