



### Bituminous Batch Plant – Contact Report

Plant Name and Location			Date
Mailing Address			
Owner	Superintendent	Operator	
Plant Make	Model	TPH Rating	
Screenless Capability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are Screens Available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Being a duly authorized agent of the above mentioned company, I hereby acknowledge that the following conditions have been met:

- Our Quality Assurance/Quality Control program is in compliance with all MnDOT specification requirements.
- All plant operations equipment and bituminous mixture testing equipment is in proper working order and has been calibrated in accordance with all MnDOT specifications and requirements.
- All bituminous testing personnel have met MnDOT’s technical certification program requirements for quality management.
- A site map is attached showing the type of material, description, and locations of all materials to be used.

Contractors Authorized Printed Name: \_\_\_\_\_

Contractors Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. Stockpiles**

- A. Separated? Yes  No  Site Map: \_\_\_\_\_
- B. Segregated? Yes  No
- C. Is segregation evident? Yes  No
- D. Is there contamination? Yes  No
- E. Has a site map been provided? Yes  No
- F. Number of feeders: \_\_\_\_\_ Type of feeders: \_\_\_\_\_  
\_\_\_\_\_
- G. Method of feeding aggregate cold feeds: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Thermometric Equipment**

- A. Asphalt tank thermometers? Yes  No  or asphalt line between the pump and the charging valve? Yes  No
- B. Aggregate pyrometers located on the discharge chute of dryer? Yes  No   
Or in the fine aggregate hot bin? Yes  No

**3. Dust Collector**

- A. Can the system waste the dust and/or return all or part of it uniformly to the plant?  
Yes  No

**4. Plant Storage Bins & Screens**

- A. Bin #1 Screen Opening: \_\_\_\_\_ Overflow Pipe? Yes  No
- Bin #2 Screen Opening: \_\_\_\_\_ Overflow Pipe? Yes  No
- Bin #3 Screen Opening: \_\_\_\_\_ Overflow Pipe? Yes  No
- Bin #4 Screen Opening: \_\_\_\_\_ Overflow Pipe? Yes  No
- B. Is a Trapezoidal Sampler Available for Bin Discharge Samples? Yes  No

**5. Scales – Bituminous Manual 5-693.8**

**Note: Include calibration documentation to this form.**

	Manufacturer	Type	Capacity	Gradation	Calibrated by	Print	Span
Belt							
Belt							
Belt							
Silo							
Truck Scale							

A. Does the Plant have Auto – Batching Controls?      Yes       No

**6. Mixer Unit**

- A. Is the unit a twin pugmill type?      Yes       No
- B. Is the batch capacity a minimum of 2000 pounds?      Yes       No
- C. Is the paddle clearance 3/4" or less from wall of the pugmill?      Yes       No
- D. Does the pugmill close tight to prevent leakage?      Yes       No
- E. Timer Controls for dry and Wet mixing?      Yes       No
- F. Plant Recordation system collecting and saving information on 20 minute intervals?  
(Include sample copy of printout to this form.)      Yes       No

**7. Bitumen Storage**

A. Number of tanks and capacity? \_\_\_\_\_

**SIZES, PG GRADES:**

Tank 1	_____
Tank 2	_____
Tank 3	_____
Tank 4	_____

- B. Asphalt Grades in each tank labeled on map?      Yes       No
- C. Are heating units capable of maintaining recommended temperatures within 10 degrees?  
Yes       No
- C. Are asphalt return lines below asphalt surface?      Yes       No
- D. Location of sampler means on tanks \_\_\_\_\_

**8. Quality Control Testing Facilities**

Attach a list of personnel and an organizational chart

	Name	Phone	Tech Cert #
Field Superintendent	_____	_____	_____
E mail	_____		
Production Superintendent	_____		
E mail	_____		
Plant Operator	_____		
E mail	_____		
Mix Designer	_____		
E mail	_____		
Laboratory Technician	_____		
E mail	_____		
Laboratory Technician	_____		
E mail	_____		
Laboratory Technician	_____		
E mail	_____		

A. Equipment checklist

<b>Lab Thermometers?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Calibrated?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Sufficient ovens?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Ignition Oven?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Calibrated?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Gyratory Compactor?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Calibrated?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>Gyratory molds?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Calibrated?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Electronic scale?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Calibrated?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
Thermostatic water bath and suspension apparatus at proper temperature?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Mechanical Shaker?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Sieves - physical condition good?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Manuals, test procedures, plans, and proposals?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Vacuum pump w/manometer and vibrator?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Vacuum Container with Cylindrical Screen?		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Rice Containers:</b>			
<b>ID</b>	<b>Tare Weight</b>		

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Adequate Number of Core Pans?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Adequate forced ventilation for control of hazardous vapors?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Copy machine?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Internet/Email?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Agency Inspection Facility per specification 1604.3?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Computer?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Printer?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Microsoft Excel, 2010 or newer?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Calibration records of equipment in laboratory?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

B. QA Equipment checklist

Electronic scale?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Thermostatic water bath and suspension apparatus at proper temperature ?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Oven?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**COMMENTS:**

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9. **Mix Surge and Storage Bins**

- A. Storage for mix provided? Yes  No
- A. Storage unit capable of maintaining plus or minus 10 degrees F from mixing temperature? Yes  No
- C. Storage unit capable of preventing segregation of mix? Yes  No

10. **Misc.**

- A. Non-petroleum distillates used as release agent? Yes  No
- B. Is truck box sampling used? Yes  No
- C. **Warm Mix Asphalt.**
  - a. **Is plant equipped with a foaming device?** Yes  No
  - b. **Is plant equipped with a WMA additive device?** Yes  No
- D. Weight ticket includes required documentation? Yes  No   
(Include sample copy of ticket)

11. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspected By: Printed Name:

\_\_\_\_\_  
Inspected By: Authorized signature:

\_\_\_\_\_  
Date: