Dryer Drum Plant – Certification Report

Name of Company	Plant name
Address	Plant location
Authorized Employee	Plant Operator
Telephone no.:	Telephone no.:
Plant Make Model	TPH Rating

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/Cold Feed Bins**

    A. Is Aggregate Storage Satisfactory   Yes ☐   No ☐

    B. Are stockpiles separated properly?   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 Cold Feed Bins: _____

    G. Cold feed scalping installed to control maximum particle size?   Yes ☐   No ☐

    H. Do cold feed bins perform properly?   Yes ☐   No ☐

    I. Are cold aggregate feeders calibrated?   Yes ☐   No ☐

                                (Include copies of calibration)

    J. Are all cold aggregates feeding continuously?   Yes ☐   No ☐

    K. Are there partitions high enough to prevent bin intermingling?   Yes ☐   No ☐

    COMMENTS: _____

    _____

    _____

    _____

    _____

    _____

2.   **Asphalt Handling**

    A.   Asphalt tank thermometers?   Yes ☐   No ☐

    B.   Asphalt Tank Sizes and Locations noted on map?   Yes ☐   No ☐

    SIZES, PG GRADES:

    Tank 1 _____

    Tank 2 _____

    Tank 3 _____

    Tank 4 _____

    C.   Are heating units capable of maintaining recommended temperatures within 10 degrees?

                                   Yes ☐   No ☐

    D. Asphalt Grades in each tank labeled on map?   Yes ☐   No ☐

    E.   Are systems interlocked to stop all feed components if either the aggregate or

        asphalt feed stops?   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.   **Bituminous Control**

    A.   Plant equipped with a working tank or a metering system both with bitumen flow meter?

    Yes ☐   No ☐

    B.   Is sampling valve located between pump and drum?   Yes ☐   No ☐

    C.   Is the asphalt delivery meter accurate within +/-1%?   Yes ☐   No ☐

        (include calibration documentation)

5.   **Scales – Bituminous Manual 5 - 693.82 Note: Include calibration documentation to this form.**

	Manufacturer	Type	Capacity	Gradation	Calibrated by	Print	Span
Belt RAP							
Belt VIR							
Belt RAS							
Belt							
Warm mix							
Weigh Bridge							
Silo							
Truck Scale							

6. **Drum Mixer**
   A. Manufacturer specified angle of drum within limits?   Yes ☐   No ☐
   B. Plant Recordation system collecting and saving information on 20 minute intervals?
      (Include sample copy of printout to this form.)   Yes ☐   No ☐

7. **Mix Surge and Storage Bins**
   A. Storage for mix provided?   Yes ☐   No ☐
   B. Storage Unit capable of maintaining plus or minus 9 Degrees F from mixing temperature?
         Yes ☐   No ☐
   C. Type of Batcher?   _____
   D. Discharge gate opening/closing efficiently?   Yes ☐   No ☐
   E. Does automatic weigh scales have all information required in 2360.2.G.8?
      (Include a sample copy to this document)   Yes ☐   No ☐

8. **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)

9. **Quality Control Testing Facilities**
   A. 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	_____		

   B. Equipment checklist

      Lab Thermometers?   **Yes ☐**   **No ☐**
        Calibrated?   **Yes ☐**   **No ☐**
      Sufficient ovens?   Yes ☐   No ☐
      Ignition Oven?   Yes ☐   No ☐

Calibrated?   Yes ☐   No ☐
Gyratory Compactor?   Yes ☐   No ☐
    Calibrated?   Yes ☐   No ☐
Gyratory molds?   Yes ☐   No ☐
    Calibrated?   Yes ☐   No ☐
Electronic scale?   Yes ☐   No ☐
    Calibrated?   Yes ☐   No ☐
Thermostatic water bath and suspension apparatus at proper temperature?
    Yes ☐   No ☐
Mechanical Shaker?   Yes ☐   No ☐
Sieves - physical condition good?   Yes ☐   No ☐
Manuals, test procedures, plans, and proposals?   Yes ☐   No ☐
Vacuum pump w/manometer and vibrator?   Yes ☐   No ☐
Vacuum Container with Cylindrical Screen?   Yes ☐   No ☐
Rice Containers:
ID   **Tare Weight**

_____

_____

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_____

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

C. **QA** Equipment checklist
Electronic scale?   Yes ☐   No ☐
Thermostatic water bath and suspension apparatus at proper temperature ?
    Yes ☐   No ☐
Oven?   Yes ☐   No ☐

COMMENTS: _____

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Inspected By: Printed Name:

Inspected By: Authorized signature:

Date: