



## Dryer Drum Plant – Certification Report

<b>Name of Company</b>	<b>Plant name</b>	
<b>Address</b>	<b>Plant location</b>	
<b>Authorized Employee</b>	<b>Plant Operator</b>	
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.

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Contractors Authorized Printed Name:

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Contractors Authorized signature:

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Date:

Comments:

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**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   
   Type of WMA device \_\_\_\_\_  
 D. Weight ticket includes required documentation?  
 (Include sample copy of ticket) Yes  No

**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

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

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

## C. QA Equipment checklist

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

**COMMENTS:**

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Certified By: Printed Name:

\_\_\_\_\_  
Certified By: Authorized signature:

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