



## 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.

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:

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**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? 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

<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"/>

C. 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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Certified By: Printed Name:

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

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