

PG Asphalt Binder Quality Control Plan Check List –

State: _____

Reviewed by: _____

Supplier: _____

Date: _____

Recommendation: **Approval** **Approval w/ Conditions** **Rejection**

COVER LETTER:

	YES	NO
Is the letter and Plan addressed to current Approving Authority?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

TITLE PAGE:

	YES	NO
Contains title “Performance Graded Asphalt Binder Quality Control Plan”	<input type="checkbox"/>	<input type="checkbox"/>
Lists correct State	<input type="checkbox"/>	<input type="checkbox"/>
Lists current year	<input type="checkbox"/>	<input type="checkbox"/>
Lists Company and mailing address	<input type="checkbox"/>	<input type="checkbox"/>
Lists telephone number	<input type="checkbox"/>	<input type="checkbox"/>
Lists FAX number	<input type="checkbox"/>	<input type="checkbox"/>
Submitted by: line is signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
The signatory’s name and Title are printed below signature	<input type="checkbox"/>	<input type="checkbox"/>
Contains an “Approved By” and “Date” line	<input type="checkbox"/>	<input type="checkbox"/>
The title of the proper approving authority is printed below the “Approved By” line.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 1.0 – PGAB Facility and Quality Control Information:

	YES	NO
Lists facility Type i.e. (refinery, terminal, in-line-blending, or HMA plant)	<input type="checkbox"/>	<input type="checkbox"/>
Lists all Facility (ies) and their Location(s)	<input type="checkbox"/>	<input type="checkbox"/>
Lists name and telephone number of person responsible for QC at facility	<input type="checkbox"/>	<input type="checkbox"/>
Lists the quality control tests to be performed on each PGAB	<input type="checkbox"/>	<input type="checkbox"/>
Lists Name, Location, and address of laboratory performing QC testing on the PGAB	<input type="checkbox"/>	<input type="checkbox"/>
Lists tank sizes, numbers and type of product contained in each (if required)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 2.0 – Procedures for PG Binders Not in Compliance:

	YES	NO
Includes a statement to immediately notify Agency of shipment in question	<input type="checkbox"/>	<input type="checkbox"/>
Includes a statement that identifies the material	<input type="checkbox"/>	<input type="checkbox"/>
Includes a statement that shipments cease until material meets specs.	<input type="checkbox"/>	<input type="checkbox"/>
Include statement that Agency is notified prior to resuming shipment	<input type="checkbox"/>	<input type="checkbox"/>
Includes procedure for disposition of non-compliant material	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 3.0 – Method and Frequency of Sampling & Testing:

	YES	NO
Describes frequency of initial sampling and testing and test method used (at least three consecutive lots, complete M 320 testing).	<input type="checkbox"/>	<input type="checkbox"/>
Describes/defines what constitutes a Lot.	<input type="checkbox"/>	<input type="checkbox"/>
Describes the method for determining reduced frequency of sampling and testing (only if every sample of the initial testing is within specification). Is the reduced frequency identified?	<input type="checkbox"/>	<input type="checkbox"/>
Describes method for minimum frequency of specification compliance testing.	<input type="checkbox"/>	<input type="checkbox"/>
Describes QC sampling and testing for guiding manufacturer (two M 320 tests per lot).	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 4.0 – Documentation and Preparation of Monthly Summary Reports:

	YES	NO
Includes a statement that the supplier will prepare monthly summary reports for all QC tests and specification compliance tests performed during that time period.	<input type="checkbox"/>	<input type="checkbox"/>
Includes a statement that the supplier will submit to the monthly summary reports to the State Agency upon request or within the timeframe required by the State.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 5.0 – Procedures and Documentation for Transport Vehicles:

	YES	NO
Provides an outline of the procedure to be followed for checking transport vehicles before loading to prevent contamination. Includes a statement that the vehicle inspection report is signed by a responsible inspector and is maintained in the supplier’s records and will be made available to the Agency upon request.	<input type="checkbox"/>	<input type="checkbox"/>
Describes the information on the Bill of Lading (name of supplier, grade of material, quantity shipped, date of shipment, statement certifying the material meets specification requirements, statement certifying that the transport vehicle was inspected before loading and was found acceptable for the material shipped.)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 6.0 – Procedures for Use of In-Line Blending:

	YES	NO
Describes frequency of initial sampling and testing and test methods used (complete M 320 testing for at least three consecutive lots)	<input type="checkbox"/>	<input type="checkbox"/>
Describes the method used for reduced frequency of sampling and testing (only if every sample of the initial testing is within specification). Is the reduced frequency identified?	<input type="checkbox"/>	<input type="checkbox"/>
Describes the method used for minimum frequency of specification compliance testing	<input type="checkbox"/>	<input type="checkbox"/>
Describes QC sampling and testing for guiding manufacturer (two M 320 tests per lot)	<input type="checkbox"/>	<input type="checkbox"/>
Describes the record keeping for in-line blended material. Contains a statement that a sample of the additives and the base binder materials including the proportions of the blend and the suppliers test results of the additive, the binder, and the blend, will be provided upon request of the Agency.	<input type="checkbox"/>	<input type="checkbox"/>
Includes a statement that in-line blending will not be used if in-line blending is not allowed by the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 7.0 – Procedures for Split sample Testing:

	YES	NO
Includes a statement that split samples are obtained from the same location and lot.	<input type="checkbox"/>	<input type="checkbox"/>
Sampling frequency is as determined by the State Agency and is it stated in plan.	<input type="checkbox"/>	<input type="checkbox"/>
The plan describes a procedure for investigating discrepancies in split sample test results.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

APPENDIX: Laboratory Accreditation and Qualifications

	YES	NO
The testing laboratory identified is the same as indicated in Section 1.5	<input type="checkbox"/>	<input type="checkbox"/>
The testing laboratory is AMRL accredited in all test methods listed in Section 1.4	<input type="checkbox"/>	<input type="checkbox"/>
Includes documentation that the testing laboratory’s AMRL accreditation is current.	<input type="checkbox"/>	<input type="checkbox"/>
Provides the name and telephone number of the testing laboratory’s contact person.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

APPENDIX: Example Random Sampling Report Forms (D 3665 & T 40)

	YES	NO
The appendix contains an example of a completed form D 3665	<input type="checkbox"/>	<input type="checkbox"/>
The appendix contains an example of a completed form T 40	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

APPENDIX: Example PGAB Worksheet and Test Results Form (M 320)

	YES	NO
The appendix contains an example of a completed worksheet.	<input type="checkbox"/>	<input type="checkbox"/>
The appendix contains an example of a completed M 320 test report form.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

APPENDIX: Example of Monthly Summary Report

	YES	NO
The appendix contains an example of a completed monthly summary report	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

APPENDIX: Example Bill of Lading & Loading Affidavit

	YES	NO
The appendix contains an example of a completed Loading Affidavit	<input type="checkbox"/>	<input type="checkbox"/>
The appendix contains an example of a completed Bill of Lading:	<input type="checkbox"/>	<input type="checkbox"/>
The example Bill of Lading contains the following information:		
The name and location of the Supplier/Producer of PGAB	<input type="checkbox"/>	<input type="checkbox"/>
A Statement that the material has been tested and meets AASHTO M 320 specification requirements.	<input type="checkbox"/>	<input type="checkbox"/>
The PG grade of the binder material	<input type="checkbox"/>	<input type="checkbox"/>
The tank number from which the material was loaded	<input type="checkbox"/>	<input type="checkbox"/>
The batch and/or lot number or both	<input type="checkbox"/>	<input type="checkbox"/>
The name and location of the consignee	<input type="checkbox"/>	<input type="checkbox"/>
The rotational viscosity in Pa-s at 135 °C and 165 °C	<input type="checkbox"/>	<input type="checkbox"/>
The trailer number	<input type="checkbox"/>	<input type="checkbox"/>
The specific gravity of the binder tested at 25 °C	<input type="checkbox"/>	<input type="checkbox"/>
The recommended laboratory mixing and compaction temperatures (°C) for the PGAB	<input type="checkbox"/>	<input type="checkbox"/>
A statement certifying the transport vehicle to be free of contamination prior to loading	<input type="checkbox"/>	<input type="checkbox"/>
The quantity of PGAB material shipped (metric tons)	<input type="checkbox"/>	<input type="checkbox"/>
The date of shipment	<input type="checkbox"/>	<input type="checkbox"/>
The generic type of modification and its approximate percentage, if required by the State Agency.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		