

Use for 2011 VIP and any 01/01/11 Special Provision projects

PREPAVING MEETING

Date: _____ Location: _____

Project No.: _____ Rte. / Town: _____

Termini: _____

Proj. Eng. /Supvr.: _____ Phone: _____

C.I. /Gen. Supvr.: _____ Phone: _____

Paving Inspector(s): _____

Prime Contractor: _____ Start Date: _____

Supt.: _____ Phone: _____

Paving Contractor: _____ Start Date: _____

Supt.: _____ Phone: _____

Milling Contractor: _____ Start Date: _____

Supt.: _____ Phone: _____

HMA Plant(s): Primary Location: _____

Phone: _____

Backup Location: _____

Phone: _____

QUALITY CONTROL:

Mix Design / Job Mix Formula (JMF) Submitted _____ Approved _____

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QUALITY CONTROL (cont.):Quality Control Plan (QCP) *required for 2500 tons or greater:*

HMA Plant Submitted: _____ Approved: _____

HMA Placement Submitted: _____ Approved: _____ Extended Season Included _____

QC Rep. _____ Phone: _____

CANCELLATION PROCEDURE: Cancel Time: _____ AM / PM

Contacts: DOT _____ Phone: _____

Contractor _____ Phone: _____

PAVEMENT STRUCTURE:

	<u>Depth</u>	<u>Start Date</u>	<u>Work hours</u>	
HMA S1	_____	_____	_____	_____
HMA S0.5	_____	_____	_____	_____
HMA S0.375	_____	_____	_____	_____
HMA S0.25	_____	_____	_____	_____

Expected Completion Date of all Paving _____

PRODUCTION:

Paving length _____ No. paver passes _____

Tons/Day _____ Tons/Hours _____

Haul time _____ No. Trucks _____

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PLACEMENT:

1) Joint Construction: Notched Wedge Joint

- Closing in same day **Y / N**
- Exposed to traffic **Y / N**
- Special signs supplied? **Y / N**

Note: *Wedge Device and Method should be in QCP placement*

If unable to use, explain: *(must be approved by the Engineer)*

2) Quality Control (QC) Density Testing Personnel:

Contractor Rep.: _____

Density device: _____

How will QC Reports be submitted to Engineer? _____

3) HMA Density Acceptance Coring Procedure *(method should be in QCP placement)*

Paving Plan Information:

No. of paver passes: Mainline: _____

No. of paver passes:	Side Streets	Intersections	Ramps
Location: _____	_____	_____	_____
Location: _____	_____	_____	_____
Location: _____	_____	_____	_____
Location: _____	_____	_____	_____

Coring Rep.: _____

When Cores will be taken: _____

Core container inspected **Y / N** Approved? **Y / N**

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EQUIPMENT:

1) Paver: Brand/Model _____ Auto grade/slope **Y / N**

If no, explain: _____

Other Special Attachments: _____

2) Rollers: Brand/Model Breakdown _____

Intermediate _____

Finish _____

3) Material Transfer Vehicle (MTV): **Y / N** If yes, Submittals Provided? **Y / N**

Working drawing of axle weights and spacing for entire paving echelon

Bridge Analysis Complete **Y / N** Restrictions? **Y / N** If yes, list structures:

Note – bridge analysis for Roadtec SB 2500 loadings. If machine differs, need to submit information to Bridge Safety for reanalysis.

4) Tack Coat Supplier & Distributor: _____

NOTES
