

# NORTH CAROLINA DEPARTMENT OF TRANSPORTATION HOT MIX ASPHALT QUALITY CONTROL TESTS WORKSHEET

TYPE MIX: \_\_\_\_\_

JMF NO. \_\_\_\_\_

DATE: \_\_\_\_\_

PLANT CERT. NO. \_\_\_\_\_

PLANT LOCATION: \_\_\_\_\_

QC SAMPLE NO. \_\_\_\_\_

QC SAMPLE DATE: \_\_\_\_\_

HOT BIN WEIGHTS							#1	#2	#3	#4	COLD FEED PERCENTAGES					#1	#2	#3	#4	#5				
<b>AC CONTROL AND GRADATION</b>							<b>BLENDED AGGREGATE GRADATION WITH RAP BLEND ADDED, IF APPLICABLE</b>																	
		Weight in Grams			Estimated Ash %			<b>TOTAL</b>																
Sample	x				%		=		WT. AGG. BEFORE WASH _____															
Agg.	+				=		(A) % VIRG. AGG. _____																	
Asphalt	-				=		DRY WT. BEFORE WASH _____																	
Total Asphalt	÷		Wt. of Sample		=		AC %		% MOISTURE _____															
													DRY WT. AFTER WASH _____						(B) % RAP _____					
SIEVE	ACCUM. WEIGHT	% Retained	% Pass (A)	Corr. Factor (B)	Total Pass (A+B)	JMF % AC	ACCUM. WEIGHT	% Retained	% Pass (C)	Corr. Factor (D)	Total Pass E=C+D	% Virgin Agg. Yield F=AxE	RAP Gradation (G)	% RAP Yield H=BxG	Total Blend I=F+H									
50 mm																								
37.5 mm																								
25 mm																								
19 mm																								
12.5 mm																								
9.5 mm																								
4.75 mm																								
2.36 mm																								
1.18 mm																								
0.60 mm																								
0.30 mm																								
0.15 mm																								
0.075 mm																								
PAN																								

$P_{0.075} / AC_{EFF}$  Ratio \_\_\_\_\_

### GYRATORY COMPACTED SPECIMEN TEST DATA

SPEC. No.	Height @N <sub>ini</sub> (mm)	Height @N <sub>des</sub> (mm)	DRY IN AIR (grams)	SSD IN AIR (grams)	IN WATER (grams)	G <sub>mb</sub> @N <sub>des</sub> (meas.)	G <sub>mb</sub> @N <sub>des</sub> (est.)	SAMPLE VOLUME (cm <sup>3</sup> )		Corr. Factor	G <sub>mb</sub> @N <sub>ini</sub> (est.)	G <sub>mb</sub> @N <sub>ini</sub> (Corrected)	G <sub>mm</sub> (Rice Grav.) (meas.)	VTM @N <sub>des</sub> (M-F/M) x 100
	A	B				C	D	E	F		G	H		
1														
2														
3														
AVERAGES														

VMA @N<sub>des</sub> \_\_\_\_\_

\* PRINT NAME LEGIBLY w/HiCAMS #: \_\_\_\_\_

VFA @N<sub>des</sub> \_\_\_\_\_

\*QA/QC TECHNICIAN'S SIGNATURE: \_\_\_\_\_

%G<sub>mm</sub> @N<sub>ini</sub> \_\_\_\_\_

\*NOTE: BY PROVIDING THIS DATA UNDER MY SIGNATURE AND/OR HiCAMS CERTIFICATION NUMBER, I ATTEST TO THE ACCURACY AND VALIDITY OF THE DATA CONTAINED ON THIS FORM AND CERTIFY THAT NO DELIBERATE MISREPRESENTATION OF TEST RESULTS, IN ANY MANNER, HAS OCCURRED.