

PROJECT SUMMARY PRE-PAVE FORM

- 1. Form to be completed for each individual paving event.
- 2. Form is to be filled out and submitted to the Project at least 7-days prior to the pre-pave meeting.
- 3. This form shall be discussed and adjusted as necessary at the pre-pave meeting including completing information not previously available prior to submittal to the Department.

Date: _____

Project No.: _____

Project Description: _____

General Contractor: _____

Paving Contractor: _____

Estimated Start Date for Paving: _____

Roadways (name) to be paved: _____

DOT Project Eng./Supvr.: _____ Phone: _____

DOT Chief Inspector(s): _____ Phone: _____

DOT Paving Inspector(s): _____

General Contractor Superintendent: _____ Phone: _____

Paving Contractor Superintendent: _____ Phone: _____

HMA Plant(s):

Primary Location: _____ Phone: _____

Primary plant approved for the mixes to be placed? Yes No

Backup Location: _____ Phone: _____

Backup plant approved for the mixes to be placed? Yes No

QUALITY CONTROL PLANS:

HMA Production	Submitted: <input type="checkbox"/>	Accepted: <input type="checkbox"/>
HMA Placement	Submitted: <input type="checkbox"/>	Accepted: <input type="checkbox"/>

Contractor Quality Control Personnel

Plan Manager: _____ Phone: _____

Process Control Technician/Foreman: _____ Phone: _____
(Person in charge of overall placement operations)

Quality Control Technician(s): _____ Phone: _____

_____ Phone: _____

Radiation Safety Officer: _____ Phone: _____
(If applicable)

PAVEMENT STRUCTURE:

HMA	PMA	OTHER	Design Level	Thickness	Anticipated Start Date	Work Hours
<input type="checkbox"/>	<input type="checkbox"/>	S1.0	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	S0.5	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	S0.375	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	S0.25	_____	_____	_____	_____
		<input type="checkbox"/> _____	_____	_____	_____	_____
		<input type="checkbox"/> _____	_____	_____	_____	_____

Expected Completion Date of this Paving Event: _____

MATERIAL AND PRODUCTION:

Name of Mix	Tons per Day	Haul Time One Way	Temp. Range	Plant Sampling in Field	Tack Coat Source	Release Agent
MIX 1	_____	_____	_____	_____	_____	_____
MIX 2	_____	_____	_____	_____	_____	_____
MIX 3	_____	_____	_____	_____	_____	_____
MIX 4	_____	_____	_____	_____	_____	_____

PLACEMENT:

Name of Mix	Avg Paving Length	Paver Speed	#of Paver passes	# of Trucks	Target Delivery Temp.	Rolling Cessation Temp.	Notch Wedge Joint
MIX 1	_____	_____	_____	_____	_____	_____	_____
MIX 2	_____	_____	_____	_____	_____	_____	_____
MIX 3	_____	_____	_____	_____	_____	_____	_____
MIX 4	_____	_____	_____	_____	_____	_____	_____

List all potential adjustments to be considered and made when paving below 50 degrees.

1) Cleanup procedure for paving surface prior to tacking:

2) Structures (If applicable):

Type of Membrane:

Membrane Waterproofing (Cold Liquid Elastomeric)

Subcontractor: _____

Tack or Proprietary Bond Coat?: _____

Who will apply for tack/bond coat?: _____

Membrane Waterproofing (Woven Glass Fabric)

Subcontractor: _____

3) Joint Construction:

- Notched Wedge Joint Device: _____
- Secondary Joint Compaction Device: _____
 - Closing in the same day? _____
 - Exposed to traffic? _____
 - Special signs supplied? _____

If unable to use the notched wedge joint, explain: *(Must be approved by the Engineer)*

4) Quality Control (QC) Procedures:

- Density Testing Device: _____
- Will Process Control Cores be taken? _____
- How will QC Reports be submitted to the Engineer? _____

5) HMA Density Acceptance Coring Procedure

- When will cores be taken? _____
- Patching Material Source: _____
- How will patching material be kept warm? _____
- Core container inspected? _____ Approved? _____

EQUIPMENT:

1) Paver:

• Brand/Model: _____ Auto grade/slope?

• Auto grade/slope make/model: _____

If no, explain:

• Other special attachments: _____

2) Rollers:

	<u>Make / Model</u>	<u>Vibratory</u>	<u>Oscillation</u>	<u>Other</u>
• Breakdown:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Intermediate:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Finish:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3) Material Transfer Vehicle (MTV): _____ If yes, Submittals* provided? _____

** Working drawing of axle weights and spacing for entire paving echelon*

• Was a bridge analysis completed? _____

• Where there any restrictions? _____

• If yes, list instructions:

NOTE - Bridge analysis is for Roadtec SB 2500 loadings. If machine differs, you need to submit the information to Bridge Safety for reanalysis.

eTicketing Information:

Is this an eTicketing job? Yes: No:

Is the producer connected to Haul Hub? Yes: No:

Has the producer sent a calibration ticket for this project? Yes: No:

CANCELLATION PROCEDURE:

Cancel Time: _____

Contacts: **DOT:** _____ Phone: _____

Email: _____

Contractor: _____ Phone: _____

Email: _____

NOTES:

For questions on completing this form, please contact the Pavement Advisory DOT.ConstrAT@ct.gov