

1. Quality Assurance Organization (refer to Attachment A)

Personnel involved in HMA quality assurance on this project are listed in Attachment A of this HMA Quality Assurance Plan. The Project Engineer will notify the HMA-QC Plan Administrator of any deletions or additions to the quality assurance team for this project.

2. Quality Assurance Team Qualifications and Responsibilities

Quality assurance Sampling and Testing of HMA Superpave material on this project will be carried out according to Section (f) of the Special Provision for Superpave Hot Mix Asphalt Percent Within Limits (PWL).

The duties and responsibilities of project staff are as described in subsection 104.01 of the MDOT *Standard Specifications for Construction*. If Construction Engineering services are provided by a Consultant for this project, the statement of work and contract to provide these services on MDOT's behalf will also apply.

Applicable requirements of the MDOT materials quality assurance program, as defined by the current MDOT *Materials Quality Assurance Manual, Hot Mix Asphalt QC/QA Procedures Manual of Field Testing* and other pertinent manuals, guides and publications referenced by the MDOT *Standard Specifications for Construction* and the contract documents will apply.

- A. HMA-QA Plan Administrator - The Project Engineer named above will be responsible for administering this HMA-QA Plan throughout the life of this project and will institute any actions necessary to successfully implement this HMA-QA Plan. In the event the Project Engineer changes during the life of the project, the HMA-QC Plan Administrator will be notified.
- B. Quality Assurance Technicians - All equipment calibration and maintenance; quality assurance sampling and testing; and quality assurance documentation will be performed by qualified technicians. All QAT(s) will be certified through the Michigan Bituminous QC/QA Technician Certification Program or other approved program. Certifications required for QAT(s) will be included in the project files.
- C. Construction Personnel - The personnel responsible for field inspection and for obtaining QA samples are listed in Attachment A to this HMA-QA Plan. Certifications required for these individuals will be included in the project files.
- D. Laboratory Facilities - The laboratory listed in Attachment B to this HMA-QA Plan will be responsible for performing all Superpave HMA QA testing on this project. This laboratory has demonstrated that it is equipped, staffed, and managed so as to be capable of testing Superpave HMA in accordance with the applicable test methods. For the purpose of demonstrating adequate equipment, staffing and management as required by this HMA-QA Plan, the laboratory listed in Attachment B will be managed and operated under the agency-wide oversight of the AMRL-accredited Construction and Technology Support Area Laboratory.

HMA QUALITY ASSURANCE TEAM

CONTRACT ID

CONTROL NUMBER	PROJECT NUMBER
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PROJECT ENGINEER NAME

PROJECT OFFICE SUPPORT STAFF INVOLVED IN QA ON THE PROJECT:

▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	
▶ NAME	COMPANY	CERTIFIED?	YES NO
PHONE NO.	FAX NO.	E-MAIL ADDRESS	

HMA-QA LABORATORY FACILITY

LAB NAME	THIS FACILITY IS A (Check only one) Main facility Sub-facility Site facility
LOCATION	
IF OTHER THAN A MAIN FACILITY, LIST THE FACILITY NAME, LOCATION, AND CONTACT INFORMATION	
LAB NAME	THIS FACILITY IS A (Check only one) Permanent facility Temporary facility
LOCATION	
CONTACT PERSON	CONTACT PERSON PHONE NO.

All applicable equipment calibration and certification records for the equipment listed in Attachment C to this Plan are available at the laboratory facility.

I certify that the facility is equipped, staffed and managed so as to be capable of testing HMA in accordance with the applicable test methods

LABORATORY SUPERVISOR SIGNATURE	DATE
LABORATORY MANAGER SIGNATURE <i>(Non-MDOT Facility)</i>	DATE
REGION MATERIALS ENGINEER SIGNATURE <i>(MDOT Facility)</i>	DATE

