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| DOTLOGO2 | **MODEL QUALITY CONTROL PLAN FOR PRECAST CONCRETE PRODUCTION** |
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| INSTRUCTIONS:  The Producer shall respond to all items addressed in this model template. This is applicable to work performed by the Producer or subcontractor(s). Examples and explanations are provided to assist the Producer, and any innovations to the quality control process may be presented. If an item does not pertain to the Producer’s particular operation, it shall be marked “Not Applicable” or “N/A”. | |
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ILLINOIS DEPARTMENT OF TRANSPORTATION

**MODEL QUALITY CONTROL PLAN FOR PRECAST CONCRETE PRODUCTS**

QUALITY CONTROL PLAN

PRECAST CONCRETE

Effective: (enter date)

Producer:

P.O. Box:

Street Address:

City/State/Zip Code:

Phone No.:

Fax No.:

Name of Plant or No.:

E-Mail Address:

(Owner/Partner/

Corporate Officer

and/or QC Manager)

Web Page Address:

PRODUCER RESPONSIBILITIES

This Quality Control plan explains how (Insert name of firm/corporation) proposes to control the equipment, materials, and production methods to ensure the specified product is obtained.

The Producer agrees to read, understand, abide, and implement all the requirements in the Department’s Policy Memorandum (insert number), “Quality Control/Quality Assurance Program for Precast Concrete Products,” and the Policy Memorandum will be considered a part of this Quality Control Plan.

PRODUCER’S ACKNOWLEDGEMENT

(Insert name of firm/corporation) desires to obtain advance approval of materials to be supplied to Department of Transportation contractors as more fully described herein. I and the company understand that the Department of Transportation reserves the right in its contracts to approve materials at the source of supply as provided in Article 106.01 of the Standard Specifications for Road and Bridge Construction. I and the company further understand that approval of company supplied material pursuant to this request does not constitute a contract to supply material to the State of Illinois or any of its contractors, and that the Department of Transportation does not assure or guarantee that any materials approved hereunder will be supplied to the State or any of its contractors. In consideration of approval, I and the company agree to the terms, conditions, and performance standards of the Standard Specifications for Road and Bridge Construction and Policy Memorandum (insert number), “Quality Control/Quality Assurance Program for Precast Concrete Products,” a copy of which has been received.

1. PRODUCER PRODUCTS OR PRODUCT LINES

(Room for 10 entries)

1. SHOP DRAWINGS

Shop drawings will be according to the Standard Specifications for Road and Bridge Construction, the Policy Memorandum Quality Control/Quality Assurance Program for Precast Concrete Products, and other documents as issued by the Department.

1. CONCRETE PLANT AND DELIVERY TRUCKS

Concrete Plant Information (if concrete is provided by a ready-mix plant):

1. Concrete Plant Name:

Concrete Plant Location:

Concrete Producer No.:

1. Concrete Plant Name:

Concrete Plant Location:

Concrete Producer No.:

Concrete Mixer Equipment Information (if concrete is mixed at the Producer’s precast plant facility):

1. Plant Equipment Manufacturer:

Plant Capacity:

1. Plant Equipment Manufacturer:

Plant Capacity:

List of Delivery Trucks and Their Capacity:

(Room for 10 entries)

List Other Delivery Methods:

(Room for 10 entries)

NOTE: The plant and delivery trucks are to be approved according to Article 1020.11(b) and Section 1103 of the Specifications

1. PRODUCER QUALITY CONTROL LABORATORY

Laboratory Name (if independent lab is used):

Location:

Contact Person:

Telephone No.:

Fax No.:

The quality control laboratory is       sq. ft.

The laboratory was approved on (enter date) by (District # or BMPR).

In the event of lab equipment failure, (enter backup lab name) will provide backup equipment.

1. PRODUCER QUALITY CONTROL PERSONNEL
2. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

1. Individual's Name:

American Concrete Institute (ACI) Training:

Company Name:

Telephone Number:

(enter name) is the ACI Concrete Field Testing Technician – Grade I who will be responsible for mixture control and adjustments when product is manufactured. (enter name) is the backup ACI Concrete Field Testing Technician – Grade I.

(enter name) is the Quality Control Manager who will be responsible for overall product quality control. (enter name) is the backup Quality Control Manager.

(enter name) is the Plant Manager.

(enter name) is the individual who will make final inspection of product just prior to loading and shipping.

1. MIX DESIGNS

Mix Design Information (Indicate if attached to Quality Control Plan or “Only mix designs previously verified by the Department will be used.”):

ASR Special Provision Mixture Option:

1. PRODUCER SAMPLING AND TESTING

1. FAILING TESTS AND DEFECTIVE WORK

1. AGGREGATE MATERIALS

A) Aggregates

1. Aggregate Gradation Control System (AGCS) Program – Aggregate Source is Participant

Certified aggregate gradation bands (including master band, if required) will be obtained from the aggregate source for all certified aggregates, prior to any shipment of material to the plant.

2. Aggregate Gradation Control System (AGCS) Program – Aggregate Source is Non-Participant

NOTE: Item 2 is permitted only when the Bureau of Materials and Physical Research has quality assurance responsibility for the Producer, and Aggregate Source is not in Illinois.

For (indicate Aggregate Source), gradation number(s)       will be tested for washed gradation according to Illinois Test Procedures 11 and 27. The minimum frequency will be twice each month, at uniform intervals. The acceptable gradation band for gradation number(s)       will be      . The washed aggregate gradation testing will be done by (indicate Producer or Consultant hired by Producer or Aggregate Source). The quality control laboratory information is as follows:

Laboratory Name (if independent lab is used):

Location:

Contact Person:

Telephone Number:

The quality control laboratory is       sq. ft.

The laboratory was approved on (enter date) by BMPR.

In the event of lab equipment failure, (enter backup lab name) will provide back up equipment.

The training information for the individual(s) who will perform the gradation testing is as follows:

1. Individual’s Name:

Training: (enter Aggregate Tech or Mixture Aggregate Tech)

Company Name:

Telephone Number:

1. Individual’s Name:

Training: (enter Aggregate Tech or Mixture Aggregate Tech)

Company Name:

Telephone Number:

3. Aggregate Gradation Control System (AGCS) Program – Aggregate Source Participates in Comparable Program

NOTE: Item 3 is permitted only when the Bureau of Materials and Physical Research has quality assurance responsibility for the Producer, and Aggregate Source is not in Illinois.

(Aggregate Source) participates in the (Indiana Certified Aggregate Program (CAP) or Michigan Prequalified Supplier Program for Aggregates) for gradation number(s)

B) Coarse Aggregates

1. Coarse Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Coarse Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Coarse Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Coarse Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

C) Fine Aggregates

1. Fine Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Fine Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Fine Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. Fine Aggregate Material:

ASTM C 1260 Expansion:      (This is not required for limestone or dolomite aggregate.)

Department Producer/Supplier Number:

Company Name:

Company Address:

Contact Person:

Telephone Number:

D) Maintaining Aggregate Quality at the Plant

Aggregates shall be stockpiled and handled in a manner which minimizes segregation and degradation, prevents contamination, and produces a uniform gradation, before placement in the plant bins.

Aggregates which are dumped directly into plant bins from delivery trucks will have a uniform gradation.

Aggregate which does not meet gradation requirements included herein or Department specifications for quality will not be used for Department projects. Product manufactured with non-compliant aggregate material will not be supplied to Department projects.

1. CEMENT AND FINELY DIVIDED MINERALS

Cement will be from the [“Approved/Qualified Producer List of Qualified Cement Plants”](http://www.idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Cement/qualifiedcementplants.pdf) and finely divided minerals will be from the “[Qualified Producer List of Suppliers for Finely Divided Minerals”](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Cement/finelydividedminerals.pdf) and are as follows:

Source List

(Room for 10 entries)

A producer/supplier of cement or finely divided minerals who is not on the approved list shall make arrangements with the Department for lot testing.

1. MORTAR FOR ELBOWS AND TEES

The packaged rapid hardening mortar will be from the “[Qualified Producer List of Packaged, Dry, Rapid Hardening Cementitious Materials for Concrete Repairs”](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Concrete/rapidhardeningconcrete.pdf) and is as follows:

Source List

(Room for 5 entries)

The nonshrink grout will be from the [“Qualified Producer List of Nonshrink Grouts”](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Concrete/nonshrinkgrout.pdf) and is as follows:

Source List

(Room for 5 entries)

1. WET CAST ADMIXTURES

The wet cast admixtures will be obtained from the [“Qualified Producer List of Concrete Admixtures”](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Concrete/concreteadmixtures.pdf) and are as follows:

Source List

(Room for 10 entries)

1. DRY CAST ADMIXTURES

1. Brand Name:

Company Name:

Company Address:

Contact Person:

Telephone Number:

2. Brand Name:

Company Name:

Company Address:

Contact Person:

Telephone Number:

3. Brand Name:

Company Name:

Company Address:

Contact Person:

Telephone Number:

4. Brand Name:

Company Name:

Company Address:

Contact Person:

Telephone Number:

1. REINFORCING BAR, WELDED WIRE REINFORCEMENT FABRIC

Reinforcing bar will be from the [“Qualified Producer List of Reinforcing Bar and/or Dowel Bar Producers](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Metals/rebardowelproducers.pdf),” and welded wire reinforcement fabric will be from the “[Qualified Producer List of Welded Wire Reinforcement Fabric Producers](http://idot.illinois.gov/Assets/uploads/files/Doing-Business/Specialty-Lists/Highways/Materials/Materials-&-Physical-Research/Metals/wirefabricproducers.pdf).” Cold drawn wire will be sampled and tested by the Department.

All steel products will be domestic as specified in Article 106.01 of the Standard Specifications for Road and Bridge Construction. Sources are listed below:

Source List

(Room for 10 entries)

1. MISCELLANEOUS MATERIALS

Any miscellaneous material used in the manufacture of a product or product lines, or any miscellaneous material supplied to Department projects will comply with applicable Department material specifications.

1. PRE-PRODUCTION, PRODUCTION, AND POST-PRODUCTION INSPECTION

Production Notification: (enter Aggregate Tech or Mixture Aggregate Tech) will provide notification of production in accordance with Section 10 of the Policy Memorandum Quality Control/Quality Assurance Program for Precast Concrete Products.

1. IDENTIFICATION MARKINGS

1. CURING OF PRODUCT

Note: When a product has attained the specified strength, the earliest the product may be loaded, shipped, and used is on the fifth calendar day. The first calendar day shall be the date casting was completed.

1. SHIPPING

1. REPAIR PROCEDURES

ATTACHMENTS

(5 entry fields provided)

**QUALITY CONTROL PLAN SIGNATURE SHEET**

**(IF AN INDIVIDUAL)**

Firm Name

Print Name of Owner

Signature of Owner

Date:

**(IF A CO-PARTNERSHIP)**

Firm Name

Print Name of Partner

Signature of Partner

Date:

**(IF A CORPORATION)**

Corporate Name

Print Name of Authorized Representative

Signature of Authorized Representative

Date:

**(ALL)**

Business Address:

P.O. Box:

Street Address:

City/State/Zip Code: