|  |  |
| --- | --- |
| DOTLOGO2 | **MODEL QUALITY CONTROL PLAN FOR CONCRETE PRODUCTION** |
|  |  |
| INSTRUCTIONS:The Contractor shall respond to all items addressed in this model template. This is applicable to work performed by the Contractor or subcontractor(s). Examples and explanations are provided to assist the Contractor, and any innovations to the quality control process may be presented.Part 1 is completed by the Contractor.Part 2 is completed by the Contractor or Commercial Concrete Producer. For the Contractor, Part 2 is submitted annually, for the period which begins April 1st, and which expires the following year on March 31st. For a Commercial Concrete Producer, Part 2 shall remain in effect until the Producer submits an updated document or the District requests the Producer to update Part 2. (Note: A District may require Part 2 to be updated annually or at a longer interval.)If Part 2 is approved by the Department’s District office for a one year period, the Contractor shall either attach the approved Part 2 to each Quality Control Plan submitted, or shall state “The approved Part 2, for the period from mo/day/yr to mo/day/yr, is on file at the District office; the contents are fully and thoroughly understood, and the contents are a part of this Contract.” When Part 2 has been completed by the Commercial Concrete Producer, the Contractor shall not make any revisions. However, the Contractor and Commercial Concrete Producer have the option to amend Part 2 for a specific project, and submit it to the Department’s District office for approval. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**ILLINOIS DEPARTMENT OF TRANSPORTATION**

**MODEL QUALITY CONTROL PLAN FOR CONCRETE PRODUCTION**

QUALITY CONTROL PLAN

CONCRETE

Effective: (enter date)

 County:

 Section:

 Route:

 District:

 Contract No.:

 Job No.:

 Project:

 Contractor:

 P.O. Box:

 Street Address:

 City/State/Zip Code:

 Phone No.:

 Fax No.:

CONTRACTOR 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.

**PART 1 - QUALITY CONTROL PLAN AT THE JOBSITE**

1. FIELD OFFICE

Location:

Contact Person:

Telephone No.:

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

1. FIELD QUALITY PERSONNEL

Individual’s Name:

Department Training:

Company Name:

Telephone No.:

      Primary or       Back Up

Individual’s Name:

Department Training:

Company Name:

Telephone No.:

      Primary or       Back Up

The Level II PCC Technician who will be responsible for plant mixture control and adjustments is indicated in Part 2.

(enter name) is the Level I PCC Technician who will be responsible for jobsite mixture control and adjustments.

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

1. FIELD SAMPLING AND TESTING

Field Sampling Information (Indicate if beams and/or cylinders will be cast and method of initial curing.):

Testing Information (Indicate final location for curing and method of curing and testing of the strength specimens.)

1. FAILING TESTS AND DEFECTIVE WORK

List Communication Procedures between the Commercial Concrete Producer, the Contractor, and Department personnel:

1. COMMUNICATION

Indicate communication procedures between Concrete Tester, Level I PCC Technician, Level II PCC Technician, and jobsite personnel.

1. FIELD DOCUMENTATION

Indicate documentation methods used at the jobsite.

1. PRE-POUR MEETING

Indicate when bridge deck pre-pour meetings will be scheduled.

**PART 2 - QUALITY CONTROL PLAN AT THE CONCRETE PLANT**

If applicable:

Department Producer/Supplier No.:

Commercial Concrete Producer:

P.O. Box:

Street Address:

City/State/Zip Code:

Telephone No.:

1. MATERIALS

 A) Aggregates

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.

If applicable, attach proposed mix plant gradation bands in accordance with the Department’s “Development of Gradation Bands on Incoming Aggregate at Mix Plants.”

 B) Coarse Aggregates

1. Coarse Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Coarse Agg regate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Coarse Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Coarse Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

 C) Fine Aggregates

1. Fine Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Fine Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Fine Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

1. Fine Aggregate Material:

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

Department Producer/Supplier No.:

Company Name:

Company Address:

Contact Person:

Telephone No.:

 D) Aggregate Stockpiling and Handling

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. This is according to Articles 106.06, 106.07, 1003.01(e), 1004.01(e), 1004.02(d), and 1020.10 of the Standard Specifications.

List methods of aggregate stockpiling and handling.

 E) Uniform Aggregate Moisture

According to Article 1020.10 of the Standard Specifications, aggregates shall have a uniform moisture content before placement in the plant bins.

Indicate methods for establishing uniform moisture in aggregates.

 F) Coarse Aggregate Moisture

Indicate frequency of coarse aggregate moisture testing.

 G) Aggregate Gradation Samples

Indicate method and location of aggregate sampling.

 H) Gradation Tests for Aggregates Arriving at the Plant

List the frequency of gradation testing for aggregates arriving at the plant, **to check the source.**

NOTE: The frequency of gradation testing **to check the production of concrete**, for aggregates stored at the plant in stockpiles or bins, is specified in the Special Provision for Quality Control/Quality Assurance of Concrete Mixtures.

1. PLANT AND DELIVERY TRUCKS

Plant Name:

Plant Location:

Producer No.:

NOTE: The plant and delivery trucks are to be approved according to the Bureau of Material and Physical Research’s Policy Memorandum, “Approval of Concrete Plants and Delivery Trucks” and form BMPR PCC003.

1. QUALITY CONTROL LABORATORY

Location:

Contact Person:

Telephone No.:

The quality control laboratory is       sq. ft. [The Department suggests 200 ft² (20 m²)].

The laboratory was approved on       by District      .

In the event of lab equipment failure,       will provide back up equipment.

1. PLANT QUALITY CONTROL PERSONNEL

Individual’s Name:

Department Training:

Company Name:

Telephone No.:

      Primary or       Back Up

(enter name) is the Level II PCC Technician who will be responsible for plant mixture control and adjustments.

The Level I PCC Technician who will be responsible for jobsite mixture control and adjustments is indicated in Part 1.

The quality Control Manager who will be responsible for overall project quality control is indicated in Part 1.

1. MIX DESIGNS

For all mix designs, provide mix design information according to 1.1 “Mix Design Submittal” of the Portland Cement Concrete Level III Technician Course, including ASR Mixture Option, if applicable. Otherwise indicate “Only mix designs previously verified by the Department will be used.”

1. PLANT MIXTURE TESTING

Indicate plant start-up testing frequency and the plant testing frequency thereafter to control production.

NOTE: Plant start-up situations are defined in the “Portland Cement Concrete Level II Technician Course” manual.

1. PLANT SUPERVISION

Indicate if the Level II PCC Technician will supervise more than one plant.

1. COMMUNICATION

Indicate communication procedures between plant personnel and the Level II PCC Technician, when he/she is not at the plant.

1. PLANT DOCUMENTATION

Indicate documentation methods used at the plant and the laboratory.

**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:

QUALITY CONTROL PLAN ADDENDUM

CONCRETE

 County:

 Section:

 Route:

 District:

 Contract No.:

 Job No.:

 Project:

 Contractor:

 P.O. Box:

 Street Address:

 City/State/Zip Code:

 Phone No.:

 Fax No.:

**QUALITY CONTROL PLAN ADDENDUM 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: