

**CERTIFIED  
HOT MIX ASPHALT PRODUCER PROGRAM  
AUDIT CHECKLIST (NO INDOT PRODUCTION)**

Date \_\_\_\_\_

Page 1 of \_\_\_\_

Plant No. \_\_\_\_\_

Producer \_\_\_\_\_

Plant Location \_\_\_\_\_

**INDOT Audit Team Members**

	<u>Name</u>	<u>Position</u>
1.	_____	District Testing Engineer
2.	_____	Area Supervisor
3.	_____	Technician
4.	_____	_____
5.	_____	_____
6.	_____	_____

**Producer Members**

	<u>Name</u>	<u>Position</u>
1.	_____	Management Representative
2.	_____	Level 1 or Certified Asphalt Technician
3.	_____	_____
4.	_____	_____

**1. GENERAL INSTRUCTIONS****Audit Team Members**

A No Production Audit should only be conducted when no mixture was produced for INDOT in that calendar year or after the audit in the previous year.

Tasks to be **completed before arriving** at the Producer's site:

- Review the QCP
- Review previous audits, especially the most recent one and note all corrective actions
- Coordinate with Independent Assurance Technician for comparison testing schedule
- Bring copies of the following:
  - Approved DMF and Contract Record worksheets for the current calendar year. These can be found at <https://itap.indot.in.gov/>
  - Qualified Products Lists and Qualified Source Lists
    - Performance-Graded Asphalt Binder Suppliers
    - Anti-Adhesive materials
  - Indiana Certified Asphalt Technicians (ICAT) List
  - Current copy of ITM 583

**Terminology:**

QC/QA HMA	Std. Spec. Section 401 (QC/QA Hot Mix Asphalt)
HMA	Std. Spec. Section 402 (Hot Mix Asphalt)
QCP	Quality Control Plan
DMF	Design Mix Formula
PGABS	Performance-Graded Asphalt Binder Suppliers
RAP	Reclaimed Asphalt Pavement
RAS	Reclaimed Asphalt Shingles
SMA	Stone Matrix Asphalt

Brackets must be filled in as follows:

- [ ✓ ] Satisfactory
- [ X ] Unsatisfactory or deficient; a **Corrective Action** Sheet must be prepared
- [NA] Not applicable to the audit or Producer

\* Item is only applicable in some cases; fill in 'NA' if not applicable

All unsatisfactory or deficient items resolved during the audit shall be noted on corrective action sheets with indication that item has been corrected.

**2. PRODUCER GENERAL INFORMATION**

ITM 583 Reference

5.0, 12.2

**Audit Team Member:** \_\_\_\_\_

- 2.1 [ ] Review the complete QCPs of INDOT and the Producer and verify they are identical and have the same authentication page:  
DTE signature date: \_\_\_\_\_
- 2.2 [ ] QCP is in accordance with ITM 583 (no updates needed)
- 2.3 [ ] Plant location and address in QCP is correct
- 2.4 [ ] Plant telephone numbers in QCP are correct
- 2.5 [ ] Management Representative \_\_\_\_\_
- 2.6 [ ] Management Representative e-mail address in QCP is correct
- 2.7 [ ] Level 1 or Certified Asphalt Technician at audit \_\_\_\_\_
- 2.8 [ ]\* All other Level 1 or Certified Technicians in QCP are current

For information only (ensure the QCP includes the following, if applicable):

- 2.9 [ ] Is this plant equipped with a water injection foaming device?

**3. DOCUMENTS**

ITM 583 Reference

2.0

**Audit Team Member:** \_\_\_\_\_

Determine whether the following current documents are maintained at the Producer's lab or Plant, either by hard copies or electronically.

- 3.1 [ ] INDOT Standard Specifications (Including any applicable Supplemental Specifications and Special Provisions)

**Documents (continued)**

- 3.2 [ ] The ITM, AASHTO, and ASTM Test Methods **referenced in QCP**. ITM revision dates are on the ITM webpage. The AASHTO and ASTM documents have the current revision date listed next to the test method. If the documents are accessible on the computer or internet, hard copies are not needed.

ITM			AASHTO		ASTM	
[ ] ITMs on Computer			[ ] AASHTOs on Computer		[ ] ASTMs on Computer	
ITM	Date (if printed)	Current?	R30-24	Date	D5821-13	Date
207		Yes / No	R35-22	Date		
220		Yes / No	R46-22	Date		
571		Yes / No	R66-16	Date		
572		Yes / No	R76-23	Date		
580		Yes / No	R90-18	Date		
581		Yes / No	T11-25	Date		
583		Yes / No	T27-24	Date		
584		Yes / No	T30-25	Date		
586		Yes / No	T166-25	Date	<b>OTHER TEST METHODS</b>	
587		Yes / No	T209-25	Date	<b>REFERENCED IN QCP</b>	
588		Yes / No	T255-22	Date	Test Method	Date
590		Yes / No	T269-24	Date		
591		Yes / No	T275-22	Date		
597		Yes / No	T305-22	Date		
902		Yes / No	T312-22	Date		
903		Yes / No	T331-25	Date		
905		Yes / No	T344-22	Date		
906		Yes / No	T305-22	Date		
908		Yes / No	T312-22	Date		
909		Yes / No	T331-23	Date		
910		Yes / No	T344-22	Date		
916		Yes / No				

**4. HMA PLANT**

ITM 583 Reference  
2.5, 12.2

**Audit Team Member:** \_\_\_\_\_

Determine if the following documents are on file. Typically, the documents will be on file at the HMA Plant rather than the Laboratory.

- 4.1 [ ] Annual calibrations for plant scales and verification of meters

Inspect the site and observe the operation of the Plant to verify that the production process is in accordance with the QCP and the Plant site layout diagram is correct.

Plant Site Layout

- 4.2 [ ] Binder tanks are located correctly
- 4.3 [ ] Fuel tank is located correctly
- 4.4 [ ]\* Fibers supply is located correctly
- 4.5 [ ] Anti-adhesive supply is located correctly
- 4.6 [ ]\* Field laboratory is located correctly
- 4.7 [ ] Visitor parking area is located correctly
- 4.8 [ ] Mixing Plant major components are located correctly

Aggregates (material stockpiles)

- 4.09 [ ] Stockpile map is current and located as indicated in QCP
- 4.10 [ ]\* All stockpiles have signs as indicated in QCP
- 4.11 [ ]\* Stockpiling procedure is in accordance with QCP
- 4.12 [ ] Stockpiles are adequately spaced and not contaminated
- 4.13 [ ]\* Cold bin loading procedure is in accordance with QCP

**HMA PLANT (continued)**

ITM 583 Reference  
2.5, 12.2

Binder Tanks

- 4.14 [ ] Binder tanks are labeled
- 4.15 [ ] Two binder samples per grade obtained this calendar year? If yes skip to 4.17
- 4.16 [ ] Binder samples obtained during audit

Fibers

- 4.17 [ ]\* Procedure for addition of fibers is in accordance with QCP

Anti-Adhesive Agent

- 4.18 [ ]\* Procedure for application of anti-adhesive agent is in accordance with QCP
- 4.19 [ ] Anti-adhesive agent supply is labeled with original manufactures label  
Name: \_\_\_\_\_
- 4.20 [ ] Anti-adhesive is on approved list. Approval # : \_\_\_\_\_

Truck Loading

- 4.21 [ ]\* Procedure for loading trucks is in accordance with QCP

Other Process Control Techniques

- 4.22 [ ]\* Procedures are in accordance with QCP

Plant # \_\_\_\_\_

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**5. LABORATORY**

ITM 583 Reference

6.0, 7.0

**Audit Team Member:** \_\_\_\_\_

The laboratory will be inspected for compliance with the QCP.

- 5.1 Lab location:  Plant -or-  Offsite
- 5.2  Facility acceptable for testing materials
- 5.3  All equipment listed in QCP at laboratory
- 5.4  All equipment apparently in good working order
- 5.5 \* Procedure for transportation of mixture to laboratory not located at plant is in accordance with QCP
- 5.6  Calibration or verification documentation on file for minimum of 3 years

Check the calibration or verification records to verify that the frequency meets the minimum requirements and the documentation includes the following:

- Description of equipment including Model or Serial Number
- Name of person performing calibration or verification
- Identification of calibration equipment
- Date of calibration or verification and next due date
- Reference of procedure used
- Calibration or verification results

## LABORATORY (continued)

ITM 583 Reference

6.0, 7.0

	Equipment	Requirement	Minimum Frequency	Procedure	Date Calibrated/ Verified
5.7	Balances	Standardize	12 mo.	ITM 910	
5.8	Gyratory Compactor	Verify Ram Pressure, Angle of Gyration, Frequency of Gyration, LVDT	1 mo.	ITM 908	
5.9	Gyratory Compactor Internal Angle	Verification	12 mo.	AASHTO T 344	
5.10	Gyratory Mold and Plate Dimensions	Verification	12 mo.	AASHTO T 312	
5.11	Ignition Oven	Conduct Lift Test	Weekly	Operators Manual	
5.12	Ignition Oven Balance	Standardize	12 mo.	ITM 910	
5.13	Mechanical Shakers	Verify Sieving Thoroughness	12 mo.	ITM 906	
5.14	Ovens	Verify Temperature Settings	12 mo.	ITM 903	
5.15	Sieves	Verify Physical Condition	12 mo.	ITM 902	
5.16	Thermometers	Verification	12 mo.	ITM 909	
5.17	Corelok	Verification	3 mo.	ITM 905	
5.18	CoreDry	Verification	3 mo.	ITM 905	
5.19	T209 <sup>1</sup>	Verification	3 mo.	ITM 905	
5.20	Calipers	Verification	12 mo.	ITM 916	

NOTE 1: Auto rice has a frequency of 12 months

	Calibration Equipment	Testing Equipment	Minimum Frequency	Date Calibrated/ Verified
5.21	Master ring used with the Bore Gauge	Gyratory Compactor Molds – AASHTO T 312	36 mo.	
5.22	Dynamometer Load Cell with Height Billet <sup>2</sup>	Gyratory Compactor – AASHTO T 312	24 mo.	
5.23	Proving Ring with Height Gage Blocks	Gyratory Compactor – AASHTO T 312	24 mo.	
5.24	Vacuum Gage	Vacuum Systems – ITM 905	12 mo.	
5.25	Weights, Min. Class 3	Balances – ITM 910	12 mo.	

NOTE 2: Troxler equipment only

**6. AUDIT CLOSE-OUT**

**DTE or Area Supervisor**

A meeting with the Producer will be conducted at the completion of the audit. The results of the audit will be discussed, and all outstanding matters will be completely resolved or solutions with deadlines will be established. An Audit Close-Out meeting with the Producer will be scheduled for two weeks after the Audit, or if circumstances require, at a time deemed appropriate by the DTE. Any addenda required by items listed on the Addenda Summary Sheet, QCP Annex, or Corrective Action Sheets shall be submitted at this time.

When all items indicated on Corrective Action Sheets have been addressed, the DTE and/or Area Supervisor will verify the audit package is prepared properly and completely. Upon completion of the Audit Close-Out meeting, all documents will be sent to the Asphalt Engineer, Office of Materials Management.

Corrective Action Sheets requiring longer than two weeks must be addressed by the DTE.

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\_\_\_\_\_  
DTE/Area Supervisor

\_\_\_\_\_  
Date

**CORRECTIVE ACTION SHEET**

**PLANT #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ITEM** \_\_\_\_\_

**Problem Explanation:** \_\_\_\_\_

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**Corrective Action To Be Taken Is:**

- Not Applicable; Observation.** This item occurred in the past and cannot be corrected.
- Not Applicable; Corrected.** This item was resolved at the audit.

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**Deadline Date Is:** \_\_\_\_\_

**Follow-up**                      **Date** \_\_\_\_\_

**Finding:** \_\_\_\_\_

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Corrective Action Sheets requiring longer than two weeks must be addressed by the DTE