

Must be submitted a minimum of 48 hrs prior to date of paving each lift

Submission Date: _____

Contractor Initials: _____

Hot Mix Asphalt Paving Plan

Project Information:

Project Title: _____

Project No.: _____

Prime Contractor: _____

Project Manager: _____

HMA Contractor: _____

Striping Contractor: _____

Traffic Control Contractor: _____

Residual Herbicide Contractor: _____

Approved Job Mix Formula, (JMF): _____

JMF shall appear on every HMA ticket

Paving Personnel & Contact Information:

Plant Operator: _____

Phone: _____

Paving foreman: _____

Phone: _____

QC Technician: _____

Phone: _____

Paving Sequence:

Location (St. Rd. Ave. etc.): _____ Limits (Cross St. Rd. Ave. etc.): _____ to _____

Has finish grade of CSTC been accepted by HMA Contractor: Yes: _____ No: _____ If No, when: _____

Have adjustments been completed: Yes: _____ No: _____ If No, when: _____ Adjustment Mix # _____

Have notices been submitted per section 1-07.23(1) informing all emergency services, surrounding businesses and residents of closures and detours: Yes: _____ No: _____

Multiple Lifts (Does this location require multiple lifts): Yes: _____ No: _____ (If yes, submit additional pages for each lift of HMA)

If required, has herbicide been applied: Yes: _____ No: _____ Application Date: _____

Has all T.V. inspection been completed: Yes: _____ No: _____

Lift #: _____

Paving Date: _____ Start Time: _____ Thickness: _____ Estimated Tonnage: _____

Mainline Paving Description

Mainline is required to be paved prior to approaches/headers

Start Location: _____

Lane to be paved: _____

-No. of pavers: _____

-Paving width: _____

-No. of rollers: _____

Breakdown: _____

Intermediate: _____

Finish: _____

Approach/Header Paving Description

Approaches/headers are required to be paved after each lift of mainline paving

Start Location: _____

Sequence of Headers: _____

Lane to be paved: _____

-No. of pavers: _____

-Paving width: _____

-No. of rollers: _____

Breakdown: _____

Intermediate: _____

Finish: _____

Truck Traffic Route:

Describe the route the trucks will be driving to and from the project site, where they will be entering and where they will exit. Route map will be accepted in lieu of a written description below.

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Track off protection and/or restoration:

Describe the appropriate measures/actions that will be performed to prevent/remove track off

Traffic Control Plan:

TCS: _____ Phone: _____

No. of Flaggers: _____ No. of Spotters: _____

Is the Work Zone Traffic Control (WZTC) Plan in accordance with the approved COS Traffic Control Plan (TCP): Yes: _____

No: _____

If no, explain why:

Submit alternate TCP for approval

Striping Plan:

Striping Foreman: _____ Phone: _____

Date of Striping: _____

Material to be used: _____

Has a RAM been submitted? Yes ___ No ___

Has material been approved? Yes ___ No ___

Paving Sketch

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SIGNATURE PAGE

As attested below, this plan will be adhered to during Hot Mix Asphalt (HMA) paving production:

Prime Contractor Signature: _____ Date: _____

HMA Contractor Signature: _____ Date: _____

Traffic Control Contractor Signature: _____ Date: _____

Striping Contractor Signature: _____ Date: _____

Residual Herbicide Contractor Signature: _____ Date: _____

Reviewed and Approved by:

Field Engineer Signature: _____ Date: _____

Materials Engineer Signature: _____ Date: _____

Const. Mgmt. Principal Engr. Signature: _____ Date: _____

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Project Information:

Project Title: _____ Project No.: _____

Paving Sequence:

Location (St. Rd. Ave. etc.): _____ Limits (Cross St. Rd. Ave. etc.): _____ to _____

Lift #: _____

Paving Date: _____ Start Time: _____ Thickness: _____ Estimated Tonnage: _____

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Finish: _____

Approach/Header Paving Description

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Start Location: _____

Sequence of Headers: _____

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Intermediate: _____

Finish: _____