

TL-59 C (05/16)

# Asphalt Concrete Density Quality Control (QC) Test Report – 2016 Pilot Specification Only

Project/Schedule Number:	_____	Item Number:	_____
Route Number:	_____	County:	_____
From (Station, MP, Int., etc.):	_____	To (Station, MP, Int., etc.):	_____
Direction (e.g. NB, SB, etc.):	_____	Lane (Inside, Center, Right, etc):	_____
QC Lot #:	_____	Application Rate (lbs/sy):	_____
Asphalt Mix Type:	_____	Asphalt Job Mix Number:	_____
Nuclear Gauge Model Number:	_____	Gauge Calibration Date:	_____
Nuclear Gauge Serial Number:	_____	Depth Setting (in/mm):	_____

## Control Strip Information:

1. Control Strip Number and Date	_____	_____
2. Target Density from Control Strip	_____	lbs/ft <sup>3</sup> Informational Only
3. Minimum Density (98% Of Control Strip Target Density)	_____	lbs/ft <sup>3</sup> Informational Only
4. Maximum Density (102% Of Control Strip Target Density)	_____	lbs/ft <sup>3</sup>
5. Last 5 Sample Gmm Average	_____	

## QC Testing Results By Nuclear Gauge:

Location			Nuclear Density	%Gmm <sup>1</sup> from	Nuclear Joint Density lbs/ft <sup>3</sup>	
			@ Core Location	Page 2		
Sub-lot No.	Distance	Offset	Informational Only lbs/ft <sup>3</sup>		Left (C or U)*	Right (C or U)*
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
Average:			_____	_____	_____	_____

Does the QC Test Section:(check one) ☐ PASS ☐ FAIL

\* - C = Confined Jt, U = Unconfined Jt

Note 1: Compare %Gmm to Table III-5 315.05 e. 1(b)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

QC Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Observed By: \_\_\_\_\_

TL-59 C (05/16)

**Asphalt Concrete Density Quality Control (QC) Test Report – 2016 Pilot Specification Only**

Project/Schedule Number:	_____	Item Number:	_____
Route Number:	_____	County:	_____
From (Station, MP, Int., etc.):	_____	To (Station, MP, Int., etc.):	_____
Direction (e.g. NB, SB, etc.):	_____	Lane (Inside, Center, Right, etc):	_____
QC Lot #:	_____	Application Rate (lbs/sy):	_____
Asphalt Mix Type:	_____	Asphalt Job Mix Number:	_____

**Asphalt Core Density Worksheet****Last 5 Sample Gmm Average:** \_\_\_\_\_

Distance/Sublot	A	B	C	D	E	F	Gmb	%Gmm
	Weight in Air	Weight in Water	Basket Tare Wt.	Wt. in Water (B-C)	SSD Wt. in Air	Volume (E-D)	Gmb=. A/F	%Gmm= Gmb÷(Avg. Gmm)
1								
2								
3								
4								
5								
6								
7								

**Remarks:** \_\_\_\_\_
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QC Technician: \_\_\_\_\_

Date: \_\_\_\_\_

Observed By: \_\_\_\_\_