

Asphalt Concrete Density Quality Control (QC) Test Report – Cores/Plugs

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:	_____
Minimum Density (Table III-3)	_____		

Control Strip Information:

1. Control Strip Number and Date	_____	_____
2. Target Density from Control Strip	_____	lbs/ft ³ (kg/m ³)
3. Target Bulk Specific Gravity from Control Strip (Gmb)	_____	
4. Gmm (Rice Value per VTM 22)	_____	
5. Minimum Density (98% Of Control Strip Target Density)	_____	lbs/ft ³ (kg/m ³)
6. Maximum Density (102% Of Control Strip Target Density)	_____	lbs/ft ³ (kg/m ³)

QC Testing Results By Cores/Plugs:

Lot No.	Location		Bulk Specific Gravity	Density
	Distance	Offset		lbs/ft ³ (kg/m ³)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
Average:			_____	
Does the QC Test Section: (check one)			PASS	FAIL

Comments:

QC Technician: _____

Date: _____

Observed By: _____

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Sublot	A	B	C	D	E	F	
	Weight in Air	Weight in Water	Basket Tare Wt.	Wt. in Water (B-C)	SSD Wt. in Air	Volume (E-D)	Bulk Sp. Gr. A/F
1							
2							
3							
4							
5							
6							
7							

Remarks: _____
