

Flexible Pavements of Ohio
QUALITY ASPHALT PAVING AWARD
2016 Nomination Form

SUBMISSION DEADLINE FOR NOMINATIONS IS OCT. 14 (HARD DEADLINE NOV. 10)

Project Category (Select One)

- | | |
|--|---|
| <input type="checkbox"/> ODOT/Turnpike Project | <input type="checkbox"/> Special Use Pavement |
| <input type="checkbox"/> Local Road or Street | <input type="checkbox"/> Airport Pavement |
| <input type="checkbox"/> Commercial Parking Facility | <input type="checkbox"/> Other |

Project Title and Location (Please include owner agency, project or contract identification, physical address of project, intersecting roadways, and/or project limits.)

Description of the Work (Suggested information includes the type of work, project significance, unique constructability issues, project complexity and any other interesting details which makes this project award worthy.)

Description of Quality Control/Quality Assurance (QA/QC) Measures Performed (If the work was not subject to normal ODOT QC/QA, describe the quality control measures required by the contract including: Mix production QC tests, density testing results, Smoothness/profilograph measurements, etc.)

Contractor and Owner Acknowledgement the project meets all of the following criteria:

- The project is free of visible signs of segregation;
- All quality control measures described by the contract item number were performed;
- Quality control documentation indicates all test results fall within the allowable limits of the specification;
- Your evaluation of this work would find it described as **EXCEPTIONAL**.

Contractor's Acknowledgement (Contractor/Company Name/Division)

Contractor's Mailing Address

Name and Signature of Authorized Contractor Representative

Authorized Contractor Representative Contact Information

Phone # _____ Fax # _____ E-mail _____

Owner Agency Acknowledgement (Public Agency/Company Name)

Owner Agency Mailing Address

Name and Signature of Authorized Owner Agency Representative

Authorized Owner Agency Contact Information

Phone # _____ Fax # _____ E-mail _____

Note: In lieu of the owner's representative signing this nomination form, the owner's representative may submit separately a completed copy of the "Owner Acknowledgment" form signed by an authorized representative of the owner agency.

Flexible Pavements of Ohio
QUALITY ASPHALT PAVING AWARD
2016 Nomination Support Documentation Form

Submit the Following Project Support Documentation with this Form: (check off list)

_____ **Photograph:** A high resolution digital image on CD or flash media suitable for publication.

_____ **Map** clearly marked to show the project location and limits.

_____ **Summary of Pavement Design Form(s)**

_____ **Job Mix Formulas (JMF)** for all mixes used on project, submit copies of ODOT JMF approval or other indicating mix proportions, RAP, RAS and/or WMA.

_____ **QC Test Results Summary Form** for each JMF used on the project, showing the overall average and standard deviation of air voids, asphalt content, critical sieves and field density.

_____ **A summary of all required and/or performed smoothness measurements, IRI.**

Return award nomination form, support documentation form and all supporting documentation to:

Flexible Pavements of Ohio
6205 Emerald Parkway, Suite B
Dublin, OH 43016
Fax: (614) 791-4800

Flexible Pavements of Ohio
QUALITY ASPHALT PAVING AWARD
Pavement Design Summary Form

Project Title and Location (Please include owner agency, project or contract identification, physical address of project, intersecting roadways, and/or project limits.)

Asphalt Mix	Type of Mix, JMF ID or other descriptor (1)	Mix Design Method (2)	Thickness	Tons Used (English)
Surface Course				
Intermediate Course (If applicable)				
Leveling Course (If applicable)				
Base Course				
Other				
TOTAL				

- (1) Provide a clear identifier to match the material in this table to a JMF submitted with the project nomination.
(2) Indicate M (Marshall), S (Superpave, gyratory), R (recipe) or other mix design method (specify).

Submit additional forms as needed for additional JMFs used on the project.

Flexible Pavements of Ohio
QUALITY ASPHALT PAVING AWARD
QC Test Results Summary Form

Project Title and Location (Please include owner agency, project or contract identification, physical address of project, intersecting roadways, and/or project limits.)

JMF or Mix Identification: _____

	Percent Passing Sieve			Percent AC	Percent Air Voids (Plant Lab/QC)	Field Density (Percent of TMD)
	1/2 Inch (12.5 mm)	No. 4 (4.75 mm)	No. 8 (2.36 mm)			
JMF Adjusted Value						
Avg. Test Results						
Std. Deviation ¹						
Minimum Value						
Maximum Value						

JMF or Mix Identification: _____

	Percent Passing Sieve			Percent AC	Percent Air Voids (Plant Lab/QC)	Field density (Percent of TMD)
	1/2 Inch (12.5 mm)	No. 4 (4.75 mm)	No. 8 (2.36 mm)			
JMF or Required Value						
Avg. Test Results						
Std. Deviation ¹						
Minimum Value						
Maximum Value						

(1) PLEASE NOTE: The standard deviation is a statistically calculated value and is not the same as the deviation of test results from the Job Mix Formula. Use additional forms as necessary to report results for other JMFs used on the nominated project.

Flexible Pavements of Ohio
QUALITY ASPHALT PAVING AWARD
Owner Acknowledgment Form

Project Title and Location (Please include owner agency, project or contract identification, physical address of project, intersecting roadways, and/or project limits.)

PROEJCT QUALIFICATION: For nominations to be considered the project must meet all of the following criteria:

- The project is free of visible signs of segregation;
- All quality control measures described by the contract item number were performed;
- Quality control documentation indicates all test results fall within the allowable limits of the specification; and
- Your evaluation of this work would find it described as **EXCEPTIONAL**.

Owner Agency Acknowledgement (Public Agency/Company Name)

Owner Agency Mailing Address

Name and Signature of Authorized Owner Agency Representative

Authorized Owner Agency Contact Information

Phone # _____ Fax # _____ E-mail _____

Return completed owner acknowledgement form to:

Flexible Pavements of Ohio
6205 Emerald Parkway, Suite B
Dublin, OH 43016
Fax: (614) 791-4800