

<b>COLORADO DEPARTMENT OF TRANSPORTATION HMA SAMPLE SUBMITTAL</b>	Contract ID	Project No.	FS# = (Contract ID-Seq.#)
	Project Location		Region
	Date Submitted		

Prime Contractor	HMA Supplier	Reference previously used Contract ID & Form #43 No.:	Special Provisions Applicable: YES          NO
Pit Names	Form #43 Number	Form #43 Date	Contact Person (QA Tester)
			Contact phone #

Item #	Acceptance Method <input type="checkbox"/> Voids <input type="checkbox"/> Gradation	Test No.	Sample Represents _____ Tons	Total Quantity Placed of this mix to date: _____ Tons	Plan Quality
Sampled From (CP 41)	Grading		Gyrations	Binder	Tests - Required as indicated
Plant          Auger	S              SMA		50      100	PG58-28    PG64-28	<input type="checkbox"/> CP 31HMAaa
Windrow      Roadway	SX            SG		75      125	PG58-34    PG70-28	<input type="checkbox"/> CP 48aa <input type="checkbox"/> CPL 5106
AC & Belt Cut CPL 5120C/CP 85C	ST            RCI		Other _____	PG64-22    PG76-28	<input type="checkbox"/> CP 51 <input type="checkbox"/> CPL 5115
Yes          NO	Other _____		Other _____	Other _____	<input type="checkbox"/> CP 85 <input type="checkbox"/> CPL 5120
<input type="checkbox"/> CPL 5109 Region Labs Every 10,000 Tons <input type="checkbox"/> CPL 5109 Central Lab 1st 10,000 Tons only					

Sample ID: VMA/ Voids & or AC/Rice	Sample ID Region Lab	Place IA stamp here:	Sample ID for Central Lab / Flex Lab: <b>Sample Type must be Information only.</b>
Sample ID: Gradation Accp: CP31 HMA	Sample ID Region Lab (CPL 5109)		
QA tested at:	Sample represents:		Sample ID for Central Lab / Euro Lab: <b>Sample Type must be Quality Acceptance</b>
Region          Field	Check Testing		
Region          Consultant	Mix Verification		
Mobile	1 Per 10,000 Ton		

Sample ID for IA Volumetrics	AMPT: Submit 2, 65 lb samples (full buckets) 1 per project <b>as requested by RME</b> Do not create Sample record in SMM.	Hamburg Rutter CPL 5112
Sample ID for IA Gradation	IDEAL-CT: Submit 1, 65 lb sample (full Bucket) first 10K or each Mix Design. <b>HMA,SMA and all Gyrations required</b> for Testing. (Asphalt Program) Do not create Sample record in SMM.	French Rutter CPL 5114
Number of Cans Submitted		Sample Location Information
Central Lab: _____	Ticket #	Time sampled
Flex Lab: _____	Station	Lane
Region Lab: _____	Daily Tons @ Sample	
Euro Lab: _____	Witnessed by	Date sampled
AMPT Lab: _____	Date sampled	Via (state,contractor or courier)
Region Mobile: _____	Date Shipped	Shipped by
Consultant: _____		

Project Tester (print name)	Title	E-mail Address
Supervisor (Print Name)	Title	E-mail Address

**Distribution:** Flex Lab: [cdot\\_flex.lab@state.co.us](mailto:cdot_flex.lab@state.co.us) Euro Lab: [cdot\\_euro.lab@state.co.us](mailto:cdot_euro.lab@state.co.us) Region Lab or Region Mobile Lab \* Project File: (Upload completed form onto the ProjectShare folder)