

GENERAL INSTRUCTIONS

Instructions (MS Word Format) and report forms (MS Excel format) for the CCIL Hot Mix Asphalt Correlation Program are available to be downloaded from the CCIL web-site www.ccil.com . If necessary click on the "All About the Canadian Council of Independent Laboratories (CCIL . . .)" to obtain the CCIL home page. Select the topic "Certification Programs" on the left side of the page followed by "Working Documents". Finally select "Correlation Samples Instructions and Report Forms"

Participants are directed to use the appropriate Instruction sets and Report forms corresponding to the materials that have been shipped to your laboratory, as detailed in the following table:

Test Category	Materials	Instruction Set	Report Form
Solvent Extraction Test (LS-282)	A-EX & B-EX	Extraction Instructions	Extraction I&II Report 2010
	C-EX & D-EX	Extraction Instructions	Extraction III&IV Report 2010
	E-EX & F-EX	Extraction Instructions	Extraction V&VI Report 2010
Ignition Furnace Test (LS-292)	A-CF, A-MF, A-IGAC	Ignition Furnace Instructions	Ignition Furnace Report 2010
Mix Compliance Marshall Properties (Type B)	A-MC & B-MCI	Mix Compliance Instructions	Mix Compliance I&II Report 2010
	C-MC & D-MC	Mix Compliance Instructions	Mix Compliance III&IV Report 2010
	E-MC & F-MC	Mix Compliance Instructions	Mix Compliance V&VI Report 2010
Mix Design Marshall Properties (Type A)	A-MDCA; A-MDFA; A-MDAC B-MDCAI; B-MDFA; B-MDAC	Mix Design Instructions	Mix Design Report 2010
Gyratory Compactor	A-GYCA; A-GYFA; A-GYAC; B-GYCA; B-GYFA; B-GYAC	Gyratory Instructions	Gyratory Compaction Report 2010
Gyratory Compactor Plant Mix	A-PS-x-(a and b); B-PS-x-(a and b)	Gyratory Instructions Plant Mix	Gyratory Compaction Report 2010 Plant Mix
Recovered Pen. (Type E)	A-RP & B-RPI	Recovered Pen Instructions	Recovered Pen Report 2010

Completed report forms shall be sent by e-mail to: ibullen@ccil.com by January 8, 2010

Please insert your laboratory code number into the file name before e-mailing the report form. (Example: "Mix Compliance I & II Report 2009 Lab ###" where ### is the code number assigned to your laboratory.)

PLEASE SUBMIT HARD COPIES OF REPORT FORMS AND COPIES OF ALL WORK SHEETS USED BY YOUR LABORATORY BY MAIL OR COURIER TO THE ADDRESS SHOWN BELOW. THE RESULTS WILL NOT BE ACCEPTED WITHOUT THE WORK SHEETS FROM YOUR LABORATORY.

Please have the tests performed as described and reported back to the address as shown below no later than **JANUARY 8, 2010**. Please do **NOT** send this information via **facsimile**.

Nabil Kamel, M.A.Sc., P.Eng.
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If there are any difficulties in downloading the documents you need or if there are any other questions, please contact John Dickson, PhD., Technical Consultant at;
e-mail: jdickson@ccil.com; telephone (905) 637-8144; fax (905) 637-3438

GENERAL INSTRUCTIONS

All Laboratories must complete and submit the following questionnaire signed by the Engineering Manager (P.Eng or Equivalent) who is charged with Engineering Management Responsibility for the Laboratory Operations

CANADIAN COUNCIL OF INDEPENDENT LABORATORIES
HOT MIX ASPHALT (HMA) LABORATORY CERTIFICATION PROGRAM
YEAR 2009 QUESTIONNAIRE FORM

This form must be completed, signed and returned along with the hard copy of test results and worksheets by all laboratories applying for certification.

Laboratory Name and Location: _____

CCIL Code No. _____

I PERSONNEL

1. Engineering Manager (person with Engineering-Management Responsibility for Laboratory)

Name of Engineering Manager: _____

Technical Education _____

Professional or Technical Designation(s) (P.Eng., CET, C.Tech etc) _____

Number of years of education & experience related to HMA laboratory testing _____

2. Laboratory Supervisor

Name of Laboratory Supervisor _____

Technical Education _____

Professional or Technical Designation(s) (P.Eng., CET, C.Tech etc) _____

Number of years of education & experience related to HMA laboratory testing _____

3. CCIL Certified HMA Laboratory Technicians

Names of CCIL certified HMA (Marshall) laboratory technicians currently assigned to this laboratory

Name: _____ No. _____ Name: _____ No. _____

Name: _____ No. _____ Name: _____ No. _____

Name: _____ No. _____ Name: _____ No. _____

Names of CCIL Certified SUPERPAVE HMA laboratory technicians assigned to this laboratory (if any)

Name: _____ No. _____ Name: _____ No. _____

Date: _____

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II EQUIPMENT

Please attach a copy of an up-to-date equipment list for the HMA laboratory.

Is all of the equipment needed to carry out the test procedures for which the laboratory is seeking certification presently in the laboratory and appropriately calibrated?

Yes _____ No _____

If No provide explanation: _____

III QUALITY SYSTEM

Has an Internal Audit and Management Review of all areas off the HMA laboratory operations been completed within the past 12 months?

Yes _____ No _____

If No provide explanation: _____

IV CERTIFICATION:

I hereby certify that the information contained on this form is true and complete to the best of my knowledge. It is my intention to retain qualified technical personnel, certified technician(s), and to use only adequately-maintained and appropriately-calibrated testing equipment throughout the certification period.

I understand that the CCIL certification program relies on the truth of the statements contained herein, and that deliberate or negligent misrepresentation is grounds for immediate suspension of certification.

To be signed by the Person charged with Engineering-Management Responsibility (P.Eng. or Equivalent)

Name _____
(Please Print)

Signature _____

Date: _____