|  |  |  |  |
| --- | --- | --- | --- |
| Complete daily before works start (if the answer to any item is 'No', then do not proceed) | | | |
| Weather forecast for the site, for the shift and 7 days following the work shift, reviewed and provided to Seal Designer and/or Seal Designer’s Delegate. | | Yes |  |
| No |  |
| Aggregate to be supplied to job has been inspected and deemed to be complying.  (Aggregate is to be clean, pre-coated, cured and without free surface water viz.  Clause 14.1 of MRTS11).  The Administrator may order that wet aggregate be tested using the Binder Stripping Value – Modified Plate test (Q212B). Test results should be reported to the Administrator | | Yes |  |
| No |  |
| Aggregate to be supplied to job has been tested and results supplied to Seal Designer and/or Seal Designer’s Delegate. | | Yes |  |
| No |  |
| Surface texture along /across job has been tested and results supplied to Seal Designer and/or Seal Designer’s Delegate.  Aggregate size to be used is compatible with the texture of the existing surface (refer Table 6.4 of AGPT4K). | | Yes |  |
| No |  |
| For initial seals, ball penetration along the job has been tested, the pavement conforms with the ball penetration requirements (where applicable) and results supplied to Seal Designer and/or Seal Designer’s Delegate. | | Yes |  |
| No |  |
| Sampling and testing of the binder by the Contractor have been done/is occurring at the point of:   * delivery * release from manufacturer. | | Yes |  |
| No |  |
| Seal design and adjustments  *Attach written advice for Seal Designer and/or Seal Designer’s Delegate. Guidance provided in Austroads/AAPA Worktip No. 14 Sprayed Seal Cutting Practice and Worktip No. 27 Sprayed Sealing Cutting Back of PMB.* | Binder spray rate(s) |  | |
| Aggregate spread rate(s) |  | |
| Cutting rate(s) |  | |
| Contingencies in place and can be implemented rapidly during and after works | | Yes |  |
| No |  |
| Traffic management arrangements in place (for example, pilot vehicles) | | Yes |  |
| No |  |
| Aftercare planned and implemented | | Yes |  |
| No |  |
| Monitoring plan developed and implemented | | Yes |  |
| No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prepared by Contactor | | | | | | |
| Name | Position | | Signature | | Date | |
|  |  | |  | |  | |
| Approval conditions *(include references and attach documents as needed)* | | | | | | |
| Administrator authority to proceed | | | Approved | | |  |
| Not approved | | |  |
| Name | | Signature | | Date | | |
|  | |  | |  | | |
| This form is to be completed in conjunction with reading Transport and Main Roads Technical Note TN186 *Sealing in Cold Weather Conditions.* | | | | | | |