

**READY MIX CONCRETE PRODUCER APPROVAL APPLICATION**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

(IF MORE THAN ONE; i.e., Regional Offices, etc., PLEASE ATTACH LIST AND AREA COVERED.)

1. Are copies of current applicable specifications, aggregate testing IMs and source information data available at the respective sources or testing facilities? (Y or N ) If No, explain.

\_\_\_\_\_

2. Are the project diaries maintained on a daily basis and available for inspection? (Y or No ) If No, explain.

\_\_\_\_\_

3. Who (position) is responsible for production notification to the Plant Monitor?

\_\_\_\_\_

4. Which company representative (position) is normally responsible for daily overall Quality Control processes at the plant? \_\_\_\_\_

5. Describe the stockpile identification system in place at each plant.

\_\_\_\_\_

6. Attach a detailed summary of your Quality Control Program. (**NOTE:** Refer to Guidelines for Required Ready Mix Producer Quality Control Program.)

7. Attach a flow chart of your current Quality Control structure (Include names, addresses, phone numbers of appropriate management personnel, chain of command, etc., for problem resolution).

Indicate the Iowa DOT District(s) for which you have operations to produce State of Iowa Certified material.

1                      2                      3                      4                      5                      6

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DME RECOMMENDATIONS \_\_\_\_\_  
\_\_\_\_\_

DME SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL (YES or NO) REMARKS \_\_\_\_\_  
\_\_\_\_\_

CENTRAL CONSTR. & MAT'LS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_