

**SEGMENTAL RETAINING WALL BLOCK, MASONRY BLOCK, AND SIMILAR  
MANUFACTURING FACILITIES PROGRAM  
ANNUAL PLANT INSPECTION REPORT**

DATE: \_\_\_\_\_

SOURCE NAME: \_\_\_\_\_ SOURCE #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NAME/TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. List the plant personnel contacted during this inspection: \_\_\_\_\_

2. Name and technician number of ALDOT certified precast products technician:

Who does the technician work for? \_\_\_\_\_

When does the technician's certification expire? \_\_\_\_\_

Does the technician have certification card in their possession? \_\_\_\_\_

Does the technician appear to understand his/her duties? \_\_\_\_\_

Is the technician maintaining a daily production log? \_\_\_\_\_

3. Name and registration number of producer's Professional Engineer (P.E.): \_\_\_\_\_

State(s) of registration: \_\_\_\_\_

Has ALDOT received a letter from the P.E. accepting responsibility for the overall quality control program? \_\_\_\_\_

4. List the producer's source of cement: \_\_\_\_\_

Is this an ALDOT approved source? \_\_\_\_\_

Does the producer have files that document this source? \_\_\_\_\_

5. List the producer's source(s) and source number(s) of fine/coarse aggregate: \_\_\_\_\_

Does the producer have files that document these sources? \_\_\_\_\_

7. Does the producer have files that document compression strength test results? \_\_\_\_\_

9. Does the producer have copies of ALDOT-453 and appropriate BMT forms? \_\_\_\_\_

10. Does the producer have copies of most recent governing specifications? \_\_\_\_\_
11. Is the producer familiar with navigating the ALDOT website in order to maintain up-to-date documents? \_\_\_\_\_
12. Does the producer have BMT-75 on file, containing all approved mix designs? \_\_\_\_\_
13. List all in-house testing performed by the producer: \_\_\_\_\_  
\_\_\_\_\_
14. Does the producer use an independent testing laboratory? \_\_\_\_\_  
If so, provide the name and location of the independent testing laboratory: \_\_\_\_\_  
\_\_\_\_\_  
Is the independent testing laboratory listed in the producer's quality control plan? \_\_\_\_\_  
List all tests the independent testing lab performs for the producer: \_\_\_\_\_  
\_\_\_\_\_
15. Does the producer have a device for cutting strength specimens? \_\_\_\_\_
19. List the products this facility produces for ALDOT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Do the forms used to produce the above products appear to be in good condition? \_\_\_\_\_
21. Are concrete products being cured as per the quality control plan? \_\_\_\_\_
22. Rate the overall condition of the finished product:  
Poor: \_\_\_\_\_ Fair: \_\_\_\_\_ Good: \_\_\_\_\_  
Comment: \_\_\_\_\_
23. Is the finished product arranged in such a manner to minimize damage? \_\_\_\_\_
24. Are all aggregates stockpiled in accordance with ALDOT-175? \_\_\_\_\_  
Are stockpiles separated to prevent mixing of materials? \_\_\_\_\_  
Are stockpiles clean & relatively free of non-specification material? \_\_\_\_\_
25. Last date this plant shipped products for use on ALDOT projects: \_\_\_\_\_  
\_\_\_\_\_
26. Are all precast concrete products properly marked as per ALDOT-453? \_\_\_\_\_  
\_\_\_\_\_
27. Have the following been obtained from the producer: \_\_\_\_\_ Quality Control Plan

\_\_\_\_\_ BMT-45  
\_\_\_\_\_ Check (Amount = \$ \_\_\_\_\_ )

28. List any items/procedures that require attention: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that all findings have been thoroughly discussed with a representative of this production facility. I further understand that failure to correct any and all deficiencies in violation of ALDOT-453 may result in removal/denial from list I-8, "Precast Concrete Pipe and Miscellaneous Precast Concrete Products".*

_____	_____	_____	_____
ALDOT Inspector	Date	Lab Supervisor	Date
_____	_____	_____	_____
Plant Personnel	Date	Testing Engineer	Date