

**PAVEMENTS**

**CUSTOMER INFORMATION**

Company:			
Requested by:			
Tel.:	Fax:	E-mail:	
Project name:			Project N°:
Location:		City / State / Country:	

**(\*) MACCAFERRI INFORMATION**

Originating Office:	
Area Manager:	Project N°:

**(\*) DESIGN LEVEL**

**STANDARD REQUIRED**

Level 1 (Conceptual Proposal)	Level 2 (Preliminary Suggestion)	Level 3 (Final Design)	
-------------------------------	----------------------------------	------------------------	--

**PAVEMENT LAYER PARAMETERS FOR DESIGN**

LAYER DESCRIPTION	CODE	Thickness (mm)	Moduli ** (Mpa)	AGE
<i>EXAMPLE: Wearing Course</i>	(L0)	60	4000	New / Old
	(L1)			New / Old
	(L2)			New / Old
	(L3)			New / Old
	(L4)			New / Old
	(L5)			New / Old
Foundation	(L6)	∞		N/A

\*\* Use the designation (V.Poor, Poor, Fair, Good, V.Good) if no data is available

**GENERAL PROJECT INFORMATION**

Road name or route number		
Mileage of intervention	From _____	To _____
Maintenance (M) or new road (N)?		
Topography (flat, hilly, or steep)?		
Scope of Project (m <sup>2</sup> )		
Lane widths (m)		
Other information :		
Construction traffic anticipated?		Y/N

**TYPICAL FUTURE MAINTENANCE STRATEGY**

Overlay only?		Y/N
Milling & overlay?		Y/N
Recycling & overlay?		Y/N

**DESIGN TRAFFIC**

Design life		Years
Traffic in first year		MESALS
Standard axle load		kN
Tyre pressure		Kpa

**EXISTING PAVEMENT CONDITION**

**Crack Reflection Defects**

Transverse cracks?		Y/N
Transverse crack spacing		m
Longitudinal cracks?		Y/N
Longitudinal crack spacing		m

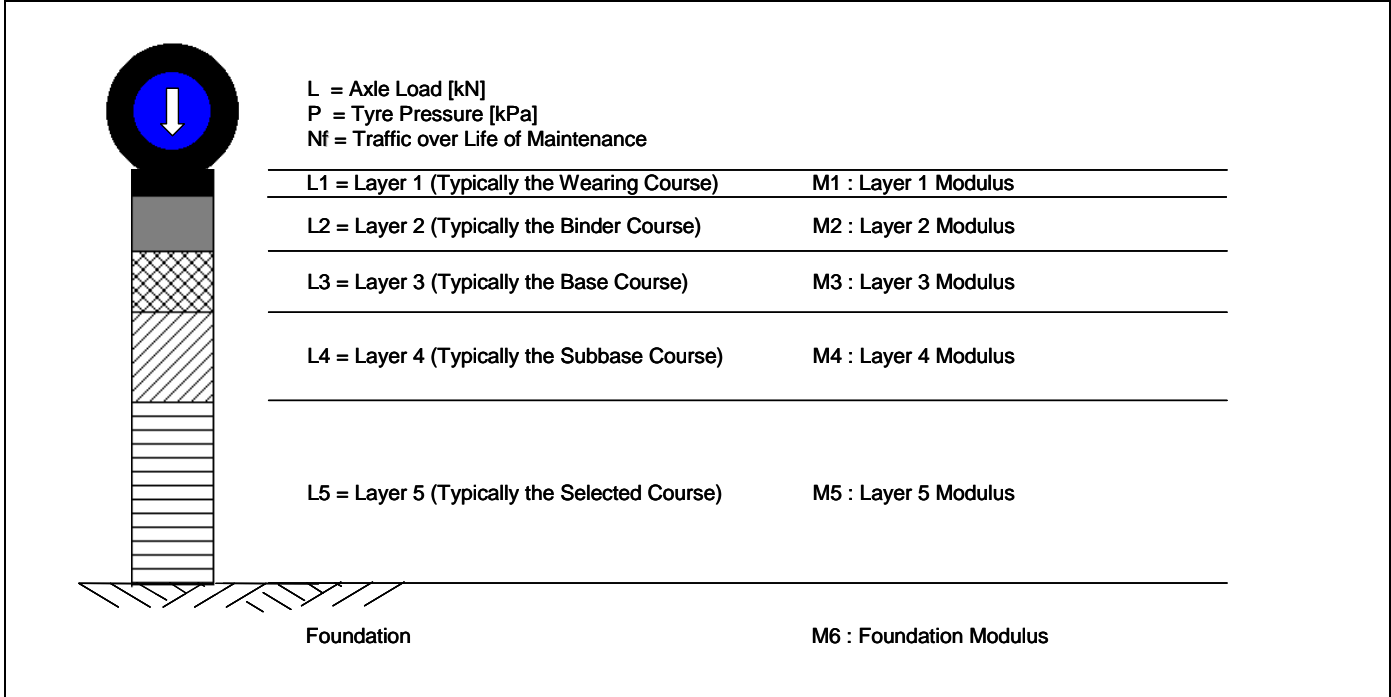
**Fatigue Defects**

Crocodile or alligator cracks?		Y/N
Percentage of road		%
Potholes?		Y/N
Spalling or stone loss?		Y/N

**Rutting Defects**

Surface rutting?		Y/N
Rut depth		mm
Deep seated rutting?		Y/N
Rut depth		mm

**TYPICAL SECTION**



**PROJECT DESCRIPTION**

**(\*) MACCAFERRI SUGGESTIONS (AREA MANAGER)**

**(\*) ADDITIONAL INFORMATION**

Section to be calculated	Section to be drawn	Only drawing without calculation	Maccaferri specs for drawings	Drawing template	Plan	Elevation	Bill of quantities
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachments:	File name:
Photos	_____
Site Investigations	_____
Drawings	_____

(\*) For Maccaferri use only.

**Maccaferri SA (Pty) Ltd**

HEAD OFFICE - DURBAN, SOUTH AFRICA  
P O Box 15777, Westmead, 3608 Tel: +27-31-700 8456 Fax: +27-31-700 8469 e-mail: dbnsales@maccaferri.co.za  
JOHANNESBURG, SOUTH AFRICA  
P O Box 2285, North Riding, 2162 Tel: +27-11-704 0160 Fax: +27-11-704 0159 e-mail: jhbsales@maccaferri.co.za  
CAPE TOWN, SOUTH AFRICA  
P O Box 22150, Fish Hoek, 7974 Tel: +27-21-702 1416 Fax: +27-21-702 2977 e-mail: cptsales@maccaferri.co.za  
MADAGASCAR  
BP 168 Antananarivo 101, Madagascar Tel: +261-20-22-231 02 Fax: +261-20-22-553 90 e-mail: maccaferri@moov.mg

[www.maccaferri.co.za](http://www.maccaferri.co.za)

