PL17 PLANT PRE-START INSPECTION – 275WXU

Type and Make	Assessment Date	Asset ID
Schwing on Mercedes	**06-09-2021**	**28m**
Model	Serial Number	PLANT ID
28XL / Axor	**1018317**	**MC16**

IS THE PLANT A CONCRETE BOOM PUMP?	**Yes**	X	**No**		If **Yes** see section below

CONCRETE BOOM PUMP - COPIES REQUIRED	
Register-able plant current & provided?	**Yes**
Annual inspection provided?	**Yes**
Monthly boom checks provided?	**Yes**
Monthly pipe thickness provided?	**Yes**

REQUIREMENTS	**PRESENT**	
Detailed pump risk assessment completed & attached	Yes ☒	No ☐
Operation and maintenance manual included with plant	Yes ☒	No ☐
Service history available for the pump (upon request)	Yes ☒	No ☐
Logbook with pump and available for inspection	Yes ☒	No ☐
All safety guards fitted	Yes ☒	No ☐
Seatbelt fitted and in good condition	Yes ☒	No ☐
Fire extinguisher fitted, charged & holds a current tag attached.	Yes ☒	No ☐
Reverse alarm fitted and working (if required onsite)	Yes ☒	No ☐
All vehicle systems operational	Yes ☒	No ☐
Flashing light fitted and working	Yes ☒	No ☐
3-point contact access	Yes ☒	No ☐
Hose burst protection on any hydraulic lifting device	Yes ☒	No ☐
Locking pins in place where required	Yes ☒	No ☐
Earthing chain & spike included (if required onsite)	Yes ☒	No ☐
Engine checks done - no leaks, loose items, faulty items, no smoking exhaust, etc	Yes ☒	No ☐
Perimeter checks done - no cracked windows, tyres good condition, etc	Yes ☒	No ☐

Other - additional attachments that will be used / additional relevant comments

CERTIFICATION BY RESPONSIBLE PERSON i.e. Owner or Owners representative

I certify that the described pump is to the manufacturer's specifications and is being serviced and maintained by competent personnel to the manufacturer's recommendations.

NAME	POSITION	SIGNATURE	DATE
Wayne McClelland	**Owner**	W McC	**06-09-2021**

TO BE COMPLETED BY SITE SUPERVISOR OR REPRESENTATIVE ON SITE

RECEIVED ON SITE BY	**SIGNATURE**	**DATE**	**PLANT STICKER NUMBER**