



## PUMP PRE-START INSPECTION – 234XLD

Type and Make	Assessment Date	Asset ID
<b>Schwing on Mercedes</b>	<b>16-01-2024</b>	<b>32m</b>
Model	Serial Number	PLANT ID
<b>32XL / Axor</b>	<b>1010392</b>	<b>MC08</b>

<b>IS THE PLANT A CONCRETE BOOM PUMP?</b>	Yes	X	No	If Yes see section below
<b>CONCRETE BOOM PUMP - COPIES REQUIRED</b>				
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Operation and maintenance manual included with plant	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Service history available for the pump (upon request)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Logbook with pump and available for inspection	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All safety guards fitted	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Seatbelt fitted and in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fire extinguisher fitted, charged & holds a current tag attached.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Reverse alarm fitted and working (if required onsite)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
All vehicle systems operational	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flashing light fitted and working	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3-point contact access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Hose burst protection on any hydraulic lifting device	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Locking pins in place where required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Earthing chain & spike included (if required onsite)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Engine checks done - no leaks, loose items, faulty items, no smoking exhaust, etc	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Perimeter checks done - no cracked windows, tyres good condition, etc	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
First Aid Kit available & within date	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
UHF Radio fitted and operational	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Vehicle is clean, free from oil leaks, free from weeds/seeds	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Tools stowed safely & appropriately	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**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	<i>W McClelland</i>	16-01-2024

**TO BE COMPLETED BY SITE SUPERVISOR OR REPRESENTATIVE ON SITE**

RECEIVED ON SITE BY	SIGNATURE	DATE	PLANT STICKER NUMBER