

PUMP PRE-START INSPECTION - 234XLD

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

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

Detailed pump risk assessment completed & attached Operation and maintenance manual included with plant Service history available for the pump (upon request) Logbook with pump and available for inspection All safety guards fitted Seatbelt fitted and in good condition Fire extinguisher fitted, charged & holds a current tag attached. Reverse alarm fitted and working (if required onsite) All vehicle systems operational Flashing light fitted and working 3-point contact access Hose burst protection on any hydraulic lifting device Locking pins in place where required Earthing chain & spike included (if required onsite) Perimeter checks done - no cracked windows, tyres good condition, etc First Aid Kit available & within date Ves ☒ No ☐ UHF Radio fitted and operational Ves ☒ No ☐ Tools stowed safely & appropriately Ves ☒ No ☐ Tools stowed safely & appropriately Ves ☒ No ☐	REQUIREMENTS		PRESENT	
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Vehicle is clean, free from oil leaks, free from weeds/seeds Yes ☒ No ☐	First Aid Kit available & within date	Yes 🛛	No 🗌	
	UHF Radio fitted and operational	Yes 🛛	No 🗌	
Tools stowed safely & appropriately Yes No	Vehicle is clean, free from oil leaks, free from weeds/seeds		No 🗌	
3 11 1 3	Tools stowed safely & appropriately		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.

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NAME	POSITION	SIGNATURE	DATE		
Wayne McClelland	Owner	Wmiz_f.	16-01-2024		
TO BE COMPLETED BY SITE SUPERVISOR OR REPRESENTATIVE ON SITE					
RECEIVED ON SITE BY	SIGNATURE	DATE	PLANT STICKER NUMBER		