



## PUMP PRE-START INSPECTION – XB12LU

Type and Make	Assessment Date	Asset ID
<b>Everdigm on DAF</b>	<b>06-06-2024</b>	<b>38m</b>
Model	Serial Number	PLANT ID
<b>ECP38CX / CF530</b>	<b>1106</b>	<b>MC24</b>

Concrete Boom Pump Documents	
Register-able plant current & provided?	<b>Yes</b>
Annual inspection provided?	<b>Yes</b>
Monthly boom checks provided?	<b>Yes</b>
Monthly pipe thickness provided?	<b>Yes</b>

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
<b>Wayne McClelland</b>	<b>Owner</b>	<i>W McClelland</i>	<b>06-06-2024</b>

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

RECEIVED ON SITE BY	SIGNATURE	DATE	PLANT STICKER NUMBER