



PUMP PRE-START INSPECTION – XB39EK

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|-------------------------------|-------------------|--------------|
| Type and Make | Assessment Date | Asset ID |
| Everdigm on Mitsubishi | 04-04-2024 | LP3 |
| Model | Serial Number | PLANT ID |
| LP790 / 1124 | 1018 | LP790 |

| | | | | |
|---|-----|---|----|--------------------------|
| 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 <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> | 04-04-2024 |

TO BE COMPLETED BY SITE SUPERVISOR OR REPRESENTATIVE ON SITE

| RECEIVED ON SITE BY | SIGNATURE | DATE | PLANT STICKER NUMBER |
|---------------------|-----------|------|----------------------|
| | | | |