# Pre-Op



#### Header

 Submission ID
 193963
 Submission Date
 2024-08-12 15:27:55

 Form Created Date
 2024-07-30 14:55:52
 Date
 2024-07-30

 Submitted By
 Duggal, Manmeet
 Supervisor
 3515, SQS

 Site
 225 Fielding Office
 Department/Job
 TG223006

Area/Level Other Workplace Test

Cement Pump 12

Equipment Status Up

#### Pre-Op

Shift	Afternoons	
Engine hours (Start of shift)	12	
Comments or Defects		

Test

#### **Equipment Inspection and Records**

Items	Response	Additional information	Additional Response
Check fuel level - fill if required	Ok		
Check engine oil evel - fill if required	Ok		
nspect battery cables (terminals, covers, connection)	Ok		
Check and Clean Hydrolic Cooler	Ok		
Condition of radiator & fan/fan guard	Ok		
Check condition of engine belts, intake, exhaust system	Ok		
Check lights, switches, gauges, controls	Ok		
Check hydraulic oil evel - fill if required	Ok		
Check warning system	Ok		
Fire Suppression and/or Fire Extinguisher	Ok		
Check hydraulic noses (leak), safety chains and hose clamps	Ok		
Valk Around nspection(Damage and Leaks)	Ok		

Operation of Swing and Suction Cylinders	Ok
Check safety interlock systems	Ok
Check Lubrication Box Oil Level	Ok
Check Auger / Agitator	Ok
Inspect Hopper Cleanout Door	Ok
Form oil applied where required prior to use	Ok
Check Discharge Flange for Wear and Damage	Ok
Prime Systems with Aggrilube or Slick Willy	Ok
Ensure Hoses and Fittings are Clear of Foriegn Debris	Ok
Grease unit	Ok
Inspect all Hoses, Clamps, Pipes and Fittings for Damage and Wear	Ok

#### Pre-Op Photos

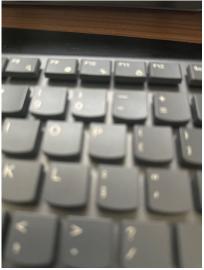
#### **Front**

2024-07-30 14:56:47



#### Left

2024-07-30 14:56:52



#### 2024-07-30 14:56:55



# Right

2024-07-30 14:57:00



## Post-Op

Level End Shift	Board Room	
End Shift Workplace	Test	
Engine hours (End of Shift)	23	
Other Comments		
Test		

#### Post-Op photos

#### **Front**



#### Left





# Right



## **Signature**

Supervisor Signature	No Data Available	
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#### Review

End of Shift Review	No Data Available	

#### Context

Comment	By Who	Position	Created Date	Modified Date

No Data Available

#### **Distribution**

Distribution

### Reviewers

Name Position	Date
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No Data Available