

Pre-Job CHECKLIST FOR CONCRETE PUMPING

Project: _____ Date: _____
 Location: _____
 Directions: _____

1. Contacts					
Who	Name	Phone	Mobile	Fax	E-Mail
C. Contractor					
Plant(s)					
Pump Contractor					

2. General Conditions				
Start Time	Pump:	am/pm	Concrete:	am/pm
Placement Location	<input type="checkbox"/> Slabs	<input type="checkbox"/> Walls	<input type="checkbox"/> Footings	Other
Placement Rate (m ³ /hr.)		Volume (m ³)		
Type of Pump	<input type="checkbox"/> Regular	<input type="checkbox"/> Z-Boom	<input type="checkbox"/> Telescoping	<input type="checkbox"/> Trailer
Size of Pump (m)		Pipeline dia, mm		
Pumping Distance (m)	Vertical		Horizontal	
Slump/Air Spec	<input type="checkbox"/> Point of Discharge		<input type="checkbox"/> Point of Placement	
Testing	<input type="checkbox"/> Point of Discharge		<input type="checkbox"/> Point of Placement	
Priming Agent	<input type="checkbox"/> Grout		<input type="checkbox"/> Slick Pack	

3. Concrete Mixture (see Concrete Mix Submission form)		
Class of Concrete	CSA A23.1	Mix ID
Strength MPa	28 day	Other
Ordered Slump (mm)		Air Range %
Special Requirements		

4. Pump			
Pump Equipment Safety Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pump Operator ACPA Certified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Jobsite/Safety			
Wash Out Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:
Power Lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:
Safe Set Up Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restrictions:
Clean Water Available for Washout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

6. Notes

The addition of water is the responsibility of the concrete supplier, not the pump operator, contractor or testing company.
