

Description			
Concrete Pumping Plan No.		Date	
Project Name:		Plan Review Date	
Site Address		Project No:	
		Tel. No	
		Fax No	
Plan prepared by:		Email	
Plan reviewed by (BB):		Email	
Site Supervisor:		Contact Tel No.	
Plant Operator: (if applicable)		Contact Tel No.	
Driver/Concrete Pump Operator:		Contact Tel No.	
Site Lead:		Contact Tel No.	
Temporary Works Coordinator: (if applicable)		Contact Tel No.	
Valid Temporary Works Permit to Proceed in place		Permit Number	
Method of Communication between the Driver/Pump Operator and the site team			
Method of Pumping	Trailer <input type="checkbox"/>	Truck <input type="checkbox"/>	Boom <input type="checkbox"/> Worm <input type="checkbox"/> Static <input type="checkbox"/>
WPP/Method Statement Ref.			
Date & Time of Pumping Operation (provide all detail if more than one day)		Duration of Works	
Description of Work			
Task Specific PPE			

Safety Critical Workers	Y/N
Do all workers involved in the operation, identified as safety critical, have Fit for Role certificates and up to date health surveillance.	
Comments:	

Competencies	Card Type and No	Expiry Date
Site Lead		
Driver/Concrete Pump Operator		
Plant Operator (specify)		
Supervisor		
Site Operative		
Site Operative		

Proximity Hazards (highlight all relevant)			
Highway	Railway	Buildings / Structures	Airfield
Masts	Trees	U/G Services	O/H Obstructions/Utilities
Boundaries	Un-compacted Material	Trenches / Excavations	Cellars / Basements
Shafts /Manholes	Mobile Plant	Contractors	Other:
Tick here if a move/resiting is planned during the works and highlight the additional risks			

Site / Surface Ground Conditions- Provide detail of and any associated controls:	
Truck/Pump Access	
People/Plant Interface	
Transport Access (materials)	
Pumping Position	
Anticipated Additional Risks	
Is Additional Labour Required (By Whom?)	

Temp. Works Design Received & Approved:			Yes / No
If No, must state why:			

Truck/Pump Details	
Type & Capacity	
Dimensions	
Operating Weight	
Outrigger Spread (if applicable)	
Maximum Outrigger Load	
Boom Length (if applicable)	
Max. Operating Pressure	
Daily/Weekly Inspection Records	

Hose & Pipe Details			
No. of Hoses		No. of Steel Pipes	
Length (m)		Length (m)	
Diameter (mm)		Diameter (mm)	
No. of Bends		No. of Reducers	

Additional Plant Details			
Plant Type	Plant No.	EC Declaration	Examination Date

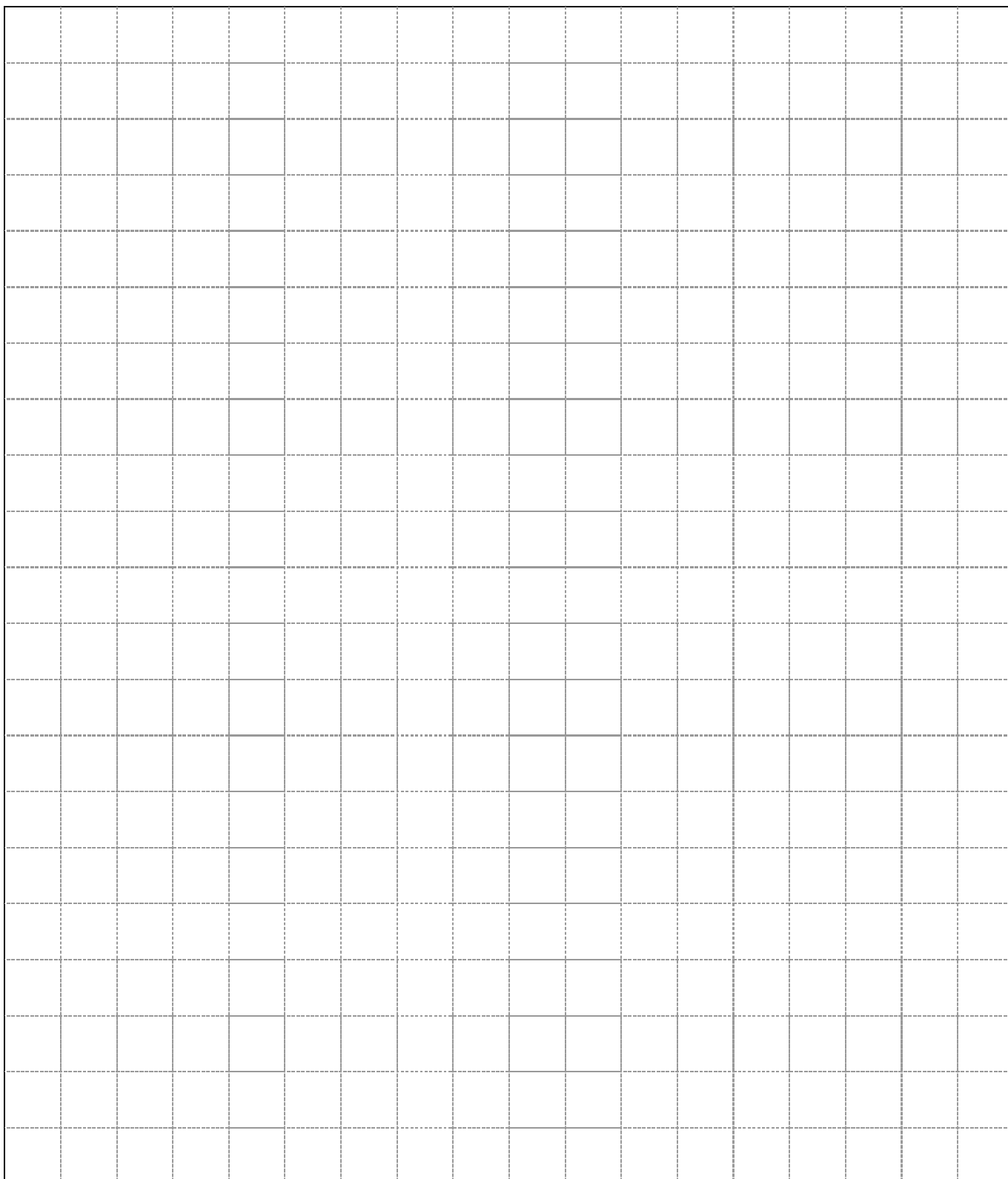
Concrete Design Details	
Mix 1	
Mix 2	
Mix 3	
Mix 4	

Sequence of Operations (Include control measures from the SSoW from correct set up, pre use checks, hose inspections and lay out, priming the hoses, sample tests of concrete (or fluid), issue of the permit to pump, briefings, concrete pumping and placement, cleaning out at the end of operation and process for clearing blockages noting any hold points and approvals for restart.)

No.	Description

Site Sketches – Plan – including set up requirements (or attach 1:200 pc generated drawing)

Location:		Project No		Plan No	
-----------	--	------------	--	---------	--



SCALE 1:200

Signatures			
Role	Print Name	Signature	Date
Site Lead			
Construction Manager			
Supervisor			
Driver/Pump Operator			
Plant Operator			
Site Operative			
Site Operative			

In signing this document, you understand and agree to work to the contents of this Document.

Periodic Review (detail here dates of periodic reviews. Note: if review determines that any controls have changed a new plan must be produced)

Name	Title	Signature	Date