

# Concrete Boom Pump Truck Outrigger Setup Checklist

|                |       |         |       |
|----------------|-------|---------|-------|
| Site / Project | _____ | Address | _____ |
| Inspector name | _____ | Company | _____ |
| Date           | _____ | Time    | _____ |

*Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.*

## Inspection checklist

### Mobile Equipment Inspection

|                                                                                                                                                                                                                |                               |                               |                              |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> Visually inspect outrigger arms and pads for cracks, bends, or other damage before each use. (OSHA 1926.1407(a))                                                                      | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Inspect hydraulic hoses and fittings for leaks. Repair or replace any leaking components before operation. (ANSI A10.3-2022 Sec. 6.2.1)                                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Verify that outrigger extension locking mechanisms are functioning correctly and securely lock the outrigger arms in the extended position. (BS EN 12001:2012+A1:2017 Clause 5.3.2.1) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Inspect tires for proper inflation and any signs of damage (cuts, bulges, or excessive wear). (OSHA 1926.600)                                                                         | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Test the horn to ensure it is functioning properly. (OSHA 1926.602(a)(9)(i))                                                                                                          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Verify that the backup alarm is audible and functioning correctly when the pump is in reverse. (OSHA 1926.602(a)(9)(ii))                                                              | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Confirm the emergency shut-off switch is easily accessible and functioning correctly. (ANSI A10.3-2022 Sec. 6.3.2)                                                                    | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> Check engine oil, hydraulic fluid, and coolant levels. Top off as needed. (Manufacturer's Recommendations)                                                                            | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

|                          |                                                                                   |                               |                               |                              |              |
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| <input type="checkbox"/> | Ensure adequate fuel level for the duration of the concrete pour. (Best Practice) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                                    |                               |                               |                              |              |
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| <input type="checkbox"/> | Verify windshield wipers are functioning and the windshield is clean for optimal visibility. (OSHA 1926.601(b)(5)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|--------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Site Conditions & Outrigger Setup

|                          |                                                                                                                                                                                 |                               |                               |                              |              |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Assess soil bearing capacity. Ensure soil is compacted and capable of supporting the pump truck's weight plus the weight of the concrete and boom. (ANSI A10.3-2022 Sec. 5.4.1) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                                                                                                         |                               |                               |                              |              |
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| <input type="checkbox"/> | Use appropriately sized outrigger pads/dunnage to distribute the load over a sufficient area. Pad size must be adequate for the soil conditions and pump weight. (OSHA 1926.1405(k)(1)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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| <input type="checkbox"/> | Outrigger pads/dunnage must be constructed of materials capable of supporting the load without deformation or failure (e.g., hardwood timbers, engineered composite pads). (Best Practice) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                                  |                               |                               |                              |              |
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| <input type="checkbox"/> | Ensure the pump truck is level after setting the outriggers. Use a level to verify. (ANSI A10.3-2022 Sec. 5.4.2) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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| <input type="checkbox"/> | Inspect for underground utilities (gas, water, electric) before setting outriggers. Call 811 before digging. (OSHA 1926.651(b)(2)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                          |                               |                               |                              |              |
|--------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Identify and avoid overhead obstructions such as power lines, trees, and structures. (OSHA 1926.1408(a)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                                                                 |                               |                               |                              |              |
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| <input type="checkbox"/> | Maintain minimum clearance distances from overhead power lines as specified by OSHA 1926.1408. Document clearance distance. (OSHA 1926.1408(c)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                     |                               |                               |                              |              |
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| <input type="checkbox"/> | Assess ground slope. Do not set up on excessively sloped surfaces. (Manufacturer's Recommendations) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Implement adequate traffic control measures (cones, barricades, flaggers) to protect the pump truck and personnel from vehicle traffic. (MUTCD Standards) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|--------------------------|------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Establish pedestrian barriers to prevent unauthorized access to the work area. (Best Practice) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
|--------------------------|------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|

## Personal Protective Equipment (PPE)

|                          |                                                                                                                |                               |                               |                              |              |
|--------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Ensure all personnel in the work area are wearing hard hats that meet ANSI Z89.1 standards. (OSHA 1926.100(a)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
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|                          |                                                                                                                                                                      |                               |                               |                              |              |
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| <input type="checkbox"/> | Ensure all personnel are wearing safety glasses with side shields that meet ANSI Z87.1 standards. (OSHA 1926.102(a)(1))                                              | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure all personnel are wearing steel-toe boots that meet ASTM F2413 standards. (OSHA 1926.96(b))                                                                   | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure all personnel are wearing high-visibility clothing (vest or shirt) that meets ANSI/ISEA 107 standards. (OSHA 1926.201(a)(1))                                  | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure personnel are wearing appropriate gloves for the task (e.g., leather gloves for handling equipment, rubber gloves for handling wet concrete). (Best Practice) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Assess noise levels. Provide and ensure the use of hearing protection if noise levels exceed 85 dBA. (OSHA 1926.52(b))                                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Assess air quality. Provide and ensure the use of respiratory protection if dust or other airborne contaminants are present. (OSHA 1910.134)                         | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure a readily available eyewash station is accessible in case of concrete splash. (OSHA 1926.50(c))                                                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Operational Safety

|                          |                                                                                                                                                               |                               |                               |                              |              |
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| <input type="checkbox"/> | Conduct a pre-pour meeting to discuss the pour plan, potential hazards, and emergency procedures. (Best Practice)                                             | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Verify that the boom operator has a clear view of the work area and can safely operate the boom without contacting obstructions. (ANSI A10.3-2022 Sec. 7.2.1) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure personnel are trained on proper hose handling procedures to prevent hose whip injuries. (Best Practice)                                                | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Use hose restraints (e.g., safety chains, straps) to prevent uncontrolled hose movement in case of a coupling failure. (Best Practice)                        | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Establish clear communication signals between the boom operator and the nozzleman. (ANSI A10.3-2022 Sec. 7.3.2)                                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure the boom tip is clearly visible to the operator at all times. Use spotters if necessary. (Best Practice)                                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Monitor wind conditions. Cease operations if wind speeds exceed the pump manufacturer's recommendations. (Manufacturer's Recommendations)                     | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

|                          |                                                                                                                          |                               |                               |                              |              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Inspect the concrete hose for wear, kinks, or damage before each use. Replace damaged hoses immediately. (Best Practice) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure the nozzleman is positioned safely and has a clear escape route in case of an emergency. (Best Practice)          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Documentation & Training

|                          |                                                                                                                                                      |                               |                               |                              |              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|
| <input type="checkbox"/> | Verify that the boom pump operator is certified and trained to operate the specific type of pump being used. (ANSI A10.3-2022 Sec. 4.2.1)            | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Review the daily inspection log to ensure that the pump has been inspected and is in good working order. (OSHA 1926.1412)                            | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Confirm a site-specific hazard assessment has been conducted and documented. (OSHA 1926.20(b)(1))                                                    | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Document the outrigger setup, including pad size, soil conditions, and power line clearance distances. (Best Practice)                               | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Verify that all personnel involved in the concrete pour have received adequate training on the hazards and safe work practices. (OSHA 1926.21(b)(2)) | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure that the pump truck's load charts are readily available and legible. (OSHA 1926.1417)                                                         | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Review maintenance records to ensure the pump has been properly maintained according to the manufacturer's recommendations. (Best Practice)          | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |
| <input type="checkbox"/> | Ensure emergency contact information is readily available on site. (Best Practice)                                                                   | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail | <input type="checkbox"/> N/A | Notes: _____ |

## Findings

| # | Item | Location | Severity | Action required |
|---|------|----------|----------|-----------------|
| 1 |      |          |          |                 |
| 2 |      |          |          |                 |
| 3 |      |          |          |                 |
| 4 |      |          |          |                 |
| 5 |      |          |          |                 |
| 6 |      |          |          |                 |
| 7 |      |          |          |                 |
| 8 |      |          |          |                 |

## Signature

Inspector signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_