

USED EQUIPMENT CHECKLIST

CONTACT DETAILS

COMPANY NAME:	Concrete Pump Partners	CONTACT NAME:	Jason Pitt
STREET ADDRESS:	3950 Dickerson Pike	CITY, PROV/STATE:	Nashville, TN
PHONE:	615-476-7606	POSTAL CODE/ZIP:	37207
EMAIL:	jasonpitt@pumppartners.com	COUNTRY:	US

TRUCK SPECIFICATIONS

YEAR:	2017	MAKE:	MACK	MODEL:	MRU613
VIN	1M2AV04C3HM017045	ENGINE MAKE:	MACK	MILEAGE:	103041
TRANSMISSION SPEEDS:	10	ENGINE HRS:	11342	ENGINE HP:	
TRANSMISSION TYPE:	MACK			DOES A/C FUNCTION	Yes

TRUCK: Change/Overhaul/Rebuild

LIST:	DATE:	COMMENT:
Replaced injector and cup	1/26	
Replaced fan clutch and water pump	1/26	
Replaced transmission	7/22	

PUMP SPECIFICATIONS

YEAR:	2018	BRAND:	KCP	MODEL:	KCP40RX-170
SERIAL #:	KCP40RX170400	BOOM LENGTH:	40M	PUMP KIT:	N/A
FOLD STYLE:	<input checked="" type="checkbox"/> ROLL <input type="checkbox"/> Z BOOM	RADIO REMOTE:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PUMP HOURS:	1523
PROPORTIONAL:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER SIZE:	9 in	170 cy/hr	

PUMP: Change/Overhaul/Rebuild

LIST:	DATE:	COMMENT:
Replaced hopper grate	3/26	
Replaced wear plate and cutting ring	8/24	

COMPLETE EVALUATION

		Excellent	Very Good	Good	Fair
General Operation – Pump	Check box ☑	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Overall Condition - Pump	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
General Operations – Truck	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
General Condition - Truck	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Cab Exterior Condition:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Cab Interior Condition:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Front Tires:	40% wear				
Rear Tires:	50% wear				
PTO Condition:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
PTO Value:	N/A				
Wear Part Value:	30% wear				
Material Cylinders:	40% wear				
Boom System:	N/A				
Agitator:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Hopper Condition:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Paint Condition:	Check box <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Boom Certified:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Date Boom Last Inspected:	5/25				
Expiry Date of last Commercial Vehicle Inspection:	6/26				

INCLUDED WITH UNIT

Toolbox	X YES <input type="checkbox"/> NO	Tip Hose	X YES <input type="checkbox"/> NO	Outrigger Pads	X YES <input type="checkbox"/> NO
Spare Remote	X YES <input type="checkbox"/> NO	Water Hose	X YES <input type="checkbox"/> NO		

ADDITIONAL COMMENTS/ITEMS INCLUDED:

DATE OF EVALUATION:	B. Salomon
COMPLETED BY:	4/12/26

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TO WRITE ON THIS LABEL USE AN INDELIBLE, PERMANENT INK MARKER, PEN OR PENCIL THAT WILL NOT FADE IN DIRECT SUNLIGHT

ANNUAL VEHICLE INSPECTION LABEL NO. 66433647

COMPLETED: MONTH _____ YEAR _____

A RECORD OF THIS VEHICLE'S ANNUAL VEHICLE INSPECTION REPORT IS MAINTAINED AT: MOTOR CARRIER OTHER ENTITY

COMPANY / NAME _____

STREET _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ MOTOR CARRIER IDENTIFICATION NUMBER _____

CERTIFICATION: THIS VEHICLE HAS PASSED AN INSPECTION IN ACCORDANCE WITH 49CFR 396.17 THROUGH 396.23.

VEHICLE IDENTIFICATION: IF THE VEHICLE IS NOT READILY, CLEARLY, AND PERMANENTLY MARKED, CHECK ONE AND COMPLETE.

FLEET UNIT NUMBER LICENSE / REGISTRATION NUMBER

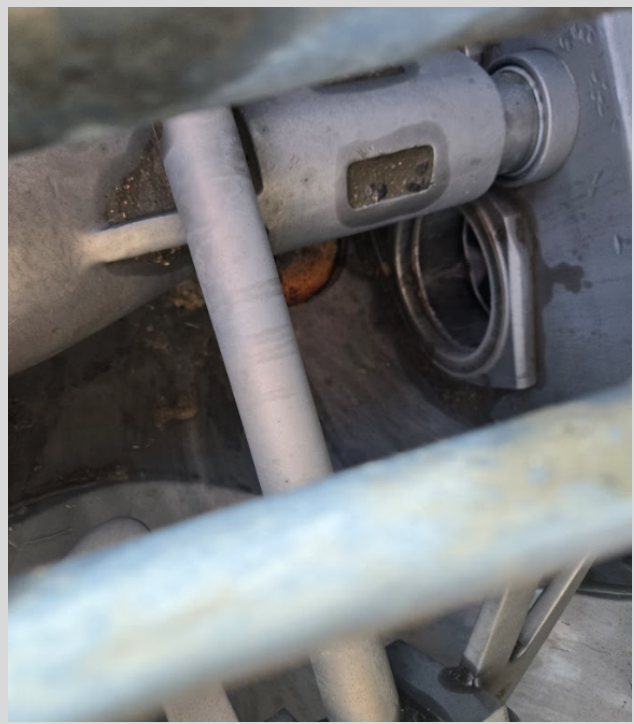
VEHICLE IDENTIFICATION NUMBER OTHER _____

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