

Company	Machine Model
Street	Machine Serial Number
City/Town	Operating Hours
Zip code	Stroke Counter
Telephone	Boom Number
Email	

The first After Sales service should be carried out **after approximately 100 hours of operation**. Service should be carried out by the machine owner or qualified technician using the information provided in the Operating Instructions and any other service material available from Putzmeister. If possible, the machine operator should be involved in maintenance procedures in order to gain a better understanding of the equipment.

Oil exchange: Filling quantities and type of oil in accordance with the Operating Instructions supplied with the machine.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Engine (stationary) | <input type="checkbox"/> Compressor (Optional) | <input type="checkbox"/> Hydraulic oil tank level | <input type="checkbox"/> Transfer gear |
| <input type="checkbox"/> Agitator gear | <input type="checkbox"/> Swivel gear boom | <input type="checkbox"/> Oil separator (vacuum plant) | <input type="checkbox"/> Gear reducer (after first 100 hours, then every 2000 hours or annually) |

Filter Insert

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Suction filter (clean solenoid) | <input type="checkbox"/> Main current filter | <input type="checkbox"/> Air filter (vacuum plants) | <input type="checkbox"/> Oil filter (vacuum plant/oil separator) |
| <input type="checkbox"/> Filter candle (vacuum plant) | <input type="checkbox"/> Oil separator (vacuum plant) | | |

Lubrication

- ☐ Lubricate all lubrication points on boom according to the Operating Instructions.
- ☐ Check central lubrication unit (function and correct setting)
- ☐ Feed conveyor roller axle shaft; telescopic section rails that contact wear slides
- ☐ Telescope cable

Visual Check

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> All hydraulics; no leaking | <input type="checkbox"/> Pneumatics; no leaking | <input type="checkbox"/> Vacuum plant; sealing | <input type="checkbox"/> Conveyor rollers (daily) |
| <input type="checkbox"/> Pump hose; suction cone | <input type="checkbox"/> Pump hose, hose bed | <input type="checkbox"/> Paint work; defects | <input type="checkbox"/> Belts; rips or damage (daily) |
| <input type="checkbox"/> Lines, pipes, hoses, cables; for correct position; not rubbing | | | |

Threaded Connections (check according to Torque Chart in Operating Instructions)

- | | | | |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Boom fixation | <input type="checkbox"/> Core pump | <input type="checkbox"/> Cardan shaft | <input type="checkbox"/> Transfer gear |
|--|------------------------------------|---------------------------------------|--|

Performance Test (according to machine record sheet/data)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Maximum engine speed | <input type="checkbox"/> Compressor | <input type="checkbox"/> High-pressure | <input type="checkbox"/> Feed pressure |
| <input type="checkbox"/> Adjusting pressure | <input type="checkbox"/> Maximum hydraulic pressure water pump | | |
| <input type="checkbox"/> Low pressure | <input type="checkbox"/> Rotor speed / pressure | <input type="checkbox"/> Maximum hydraulic pressure | |
| <input type="checkbox"/> Telescopic legs speed | <input type="checkbox"/> Proportional functions; concrete pump | | |

Functional Check

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Radiator / ventilator | <input type="checkbox"/> Water pump | <input type="checkbox"/> Support legs | <input type="checkbox"/> Slewing gear |
| <input type="checkbox"/> All EMERGENCY STOP functions | <input type="checkbox"/> All boom movements; proportional, black / white, radio-controlled | | |

Practical Exercise

- ☐ Mounting / Dismounting of pump hose / rotor pump

The signatures below confirms that the pump and boom were tested correctly according to this checklist. All boxes marked with an X confirm that the respective tasks have been performed and found to be in order.

Print name	Signature	Date
Customer / Dealer		
Putzmeister Representative		