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For questions or assistance, please contact Dave Tinkle:  
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# Pump Evaluation

**Date:**

**Unit #:**

Location:

Pump Make:

Size:

Pump Kit:

Boom:

Pump Model:

Pump SN:

Year:

Truck Make:

Truck Model:

Truck VIN:

Year:

Engine Make:

Engine Model:

Trans Make:

Trans Model:

**Truck Hours:**

**Truck Miles:**

**Pump Hours:**

(Percentage and/or Explanation)

**Truck Condition:**

Tires:

Suspension:

Brakes:

Exhaust:

Engine:

Transmission:

Transfer Case:

Valve Adj.:

DOT:

Leaks:

Paint:

Cleanliness:

**Pump Condition:**

Wear Parts:

Barrels:

Diff Cyls:

Pump Pressure:

Pipe:

Hyd. Cyls:

Hand-valves:

Hyd. Oil:

Agitator:

Hopper:

Accumulator:

Boom Inspection:

Remote Boxes:

Auto Greasers:



Overall Operation:

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Recent Major Repairs:

Truck:

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Pump:

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*Photos needed from all four corners showing:*

*1) Complete truck in photo 2) Photo showing inside hopper 3) Photo showing both remotes and reel*

**HOURS AND MILES MAY NOT BE ACCURATE DUE TO MAINTANCE REPLACEMENT.**