**Thermo Scientific Barnstead Bpure Pre-Start-Up Checklist**

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| **Instructions for Use:*** Please complete all sections of this Site Inspection form in preparation for the start-up of your new water purification system. This is a fillable form.
* Failure to have the site ready will result in delays and additional charges.
* See FAQ for water system start-up at [www.thermofisher.com/installation](http://www.thermofisher.com/installation)
* Rename form with your company name on the end. Save completed form for your own records.
* Email the completed form to: servicesupport.led.asheville@thermofisher.com
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| --- | --- |
|  Site Name |        |
|  Address |        |
|  Address/Bldg. Room Number |        |
|  City |        |  State |        |  Zip |        |
|  Lab Hours (from-to) |        |  Weekday |        |
|  Lab Contact Name |        | Lab Contact Phone |       Extension       |
|  Lab Contact Email |        |
|  Alternate Contact |        |  Alt. Contact Phone |       Extension       |
|  Alt. Contact Email |        |
|  Purchase Order |        |  Case number(from email notification) |        |
|  Special Instructions to get into facility |        |

Section 1 - System Identification

Section 2 - Accessories and Unpacking

Section 3 - Location Requirements

Section 4 - Electrical Requirements

Section 5 - Water and Drain Specifications

Section 6 - Other Specifications and Additional Notes

Section 7 - Authorized Certification & Customer Agreement

Section 8 - Thermo Scientific Review

Section 9 - Addendum

ection 2: Accessories and Un

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| **Section 1: System Identification*** Check the Model and enter the Serial Number for the system.
* If multiple units of system require start-up, please list all serial numbers below.
 |
| [ ]  D4511 Bpure Single Holder [ ]  D4505 -1/2 Size Bpure [ ]  D5839 ½ size Filter Holder [ ]  D4521 Bpure Double Holder w/Meter [ ]  D4524 Bpure Double Holder w/ 50K Light [ ]  D5831 Bpure Double Holder w/ 200K Light [ ]  D5833 Bpure Double Holder w/1 Meg Light [ ]  AY1273X4 Harvey DI+  |
| System Serial Number:  |       |
| Is this unit replacing an existing water purification system? * If Yes, what is the Model number of the unit being replaced? Serial number?
* If No, skip to section 2.
 |       |
| *Note: Existing system must be removed and disposed of by customer.* |
| **Section 2: Accessories Required – Cartridges** * Indicate which Cartridge/Filters were ordered/received.
 |
| **List cartridges or Filters (cartridges/filters are required)**[ ]  ­­­­­­­­­­­     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  ­­­     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  ­­­­­­­­­­­     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Optional Accessories:**[ ]  D3750 0.2-micron Final Filter [ ]  D8952 Remote Hand Dispenser[ ]  E3450 50 K Ohm Puralite Indicator [ ]  E3452 1 Megohm Puralite Indicator[ ]  D2780 Dual Pressure Gage Kit [ ]  D0780 Single Pressure Gage Kit |
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|  **Section 2: Unpacking** * Unpack system. Note - systems and accessories will arrive in multiple boxes.
* Locate accessory parts bags as described in Section 3 of operation manual.
* If any components appear to be missing, please contact customerservice.led.asheville@thermofisher.com . Include model, serial number of system and missing component.
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| System was unpacked and contents was reviewed | [ ]  Yes [ ]  No, unit is still in box  |
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| **Section 3: Location Requirements**It is the responsibility of the customer’s onsite facilities department to:* Review space requirements, mounting instructions and precautions/warnings per system operation manual.
* Ensure the wall can support the weight of the instrument per the Technical Specifications in the operation manual.
* Wall bracket **MUST** be attached to the wall prior to the date of start-up. Screws and fasteners required for wall mounting are not supplied with the unit and must be able to support the weight of the system. See Section 9 – Addendum for more details**.**

It is the responsibility of Unity Lab Service to do the following: * Set up equipment with tubing and accessories.
* Install cartridges and filters.
* Start-up system and check for leaks and proper operation.
* Training on operation and maintenance of system.
* *Start-up service does not include drilling into walls or countertops.*

**Please complete the section below to verify where the system and accessories will be mounted.****Indicate below if the system and accessories have been mounted in their final location.** |
| Is system mounted on the wall in final location? | [ ]  Yes [ ]  No, not ready \* |
| \* If marked “Not Ready,” the water system must be in location or wall mounted before the service engineer arrives. | Date System will be ready: (MM/DD/YYYY)       |
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| **Section 4: Electrical Requirements (if applicable)*** System is supplied with a power supply and plug options.
* Customer must provide a grounded, 100 – 250 VAC, 50 – 60 Hz, 2.0 A max electrical outlet within 5 ft. of the set-up location.
* See Electrical Requirements section in the operation manual.
 |
| Have Electrical requirements been met? | [ ] Yes [ ]  No [ ]  NA |
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| **Section 5: Feed Water & Drain Requirements*** D4521, D5833, D4524 Double Bpure water systems and AY1273X4X Harvey DI+ come with 1/4” NPTF adapter to connect to feedwater supply.
* D4511 Single B-pure and D4505, D5839 ½ size B-pure come with ½” NPTF adapter to connect to feed water supply

It is the responsibility of the customer’s onsite facilities department to:* Customer must supply correct adapter at the water source to connect to the water purification system feed water adapter.
* Customer must supply feed water tubing from water source to the Bpure system.
* If water supply does not have correct connector, delays in start-up and additional charges will be incurred.
* It is recommended to include a photo of the feed water connection.
* Check FAQ on www.thermofisher.com/installation website on how to identify per feed water connection.
 |
| Customer supplied tubing with 1/4” NPT male adapter or ½” NPT male adapter to connect to Bpure? | [ ]  Yes [ ]  No\*  |
| *\*If no was selected, please describe water connection in additional notes section below and/or supply photo.* |
| Feed water has shutoff valve? |  [ ]  Yes [ ]  No  |
| Feed water temperature between 4 – 49 °C? |  [ ]  Yes [ ]  No  |
| Feed water pressure less than 6.9 bar (100 psi)?  |  [ ]  Yes [ ]  No  |
|  |  |
| **Section 6: Other Specifications*** The primary operator of the instrument must be available during start-up service visit and for training during the initial instrument setup.
 |
| Will Someone be available? |  [ ]  Yes [ ]  No  |
| **ADDITIONAL NOTES: Please explain any “No” or “Not Ready” responses in Sections 1 – 6 above. Also enter additional notes and comments about the installation site or system start-up in the section below. For example, is Bpure being connected to another system?**  |
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|  **Section 7: Customer Agreement*** I have reviewed the attached site inspection form and agree that all specifications required for the start-up of the Water Purification system can be met unless otherwise noted on this form.
* Customer acknowledges it is their responsibility to complete the activities listed above.
* **If the site is not ready when the technician arrives and the start-up cannot be completed, the customer will be responsible for charges including time and travel associated with a second service call to complete the start-up (minimum time/travel fee of $300).**
* Incorrectly filled out forms or misrepresentation may result in additional charges at the discretion of Thermo Fisher Scientific or their authorized partner.
* Please consult with your Field Service Engineer or Territory Sales Representative with any questions.
 |
|  **Customer name****Print Name** |        |
|  **Customer Signature****Signature** |        |
|  **Date** |        |
|  |
|  **Section 8: To Be Completed By Authorized Thermo Fisher Service Representative On-Site*** I have reviewed the attached, completed customer site inspection form and confirm that the specifications for start-up were met.
 |
|  Name of Thermo Scientific Service Representative |        |  [ ]  Yes [ ]  No\*  |
| \*If No, please make a note of missing or incorrect specifications and forward a copy of the completed form to Service Manager and Sales Representative for consultation: |
|  **Notes and Comments:**       |

**Section 9 - Addendum**

