**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](mailto: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](mailto: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 |
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| **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** |  | |
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| **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**

Graphical user interface, text, application

Description automatically generated