**Thermo Scientific Barnstead MicroPure 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 start-up 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 copy of 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 |        Ext.       |
|  Lab Contact Email |        |
|  Alternate Contact |        |  Alt. Contact Phone |         Ext.       |
|  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 2: Accessories

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| **Section 1: System Identification*** Check the Model and enter the Serial Number for the system to be start-up.
* If multiple units of system need start-up, please list all serial numbers below.
 |
| [ ]  50132373 – MicroPure UV[ ]  50132370 – MicroPure UV/UF [ ]  50132374 – MicroPure UV with Storage tank[ ]  50132372 – MicroPure UV/UF with Storage tank |
| System Serial Number:  |       |
| Is this unit replacing an existing water purification system? * If Yes, what is the Model number or name of the unit being replaced? Serial number?
* If No, skip to section 2.
 |       |
| *Note: Existing system must be removed and disposed of by customer* |

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| **Section 2: Optional Accessories*** **Verify which accessories were ordered and received.**
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| Was wall bracket, 09.2212, ordered and received?  | [ ]  Not purchased [ ]  Received |
| Was pressure reducing valve, 50155462, ordered and received?  | [ ]  Not purchased [ ]  Received |

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|  **Section 2: Unpacking** * Unpack system. Locate accessory parts bags and review contents as described in “Extent of Assembly Kit” section found in water system operation manual.
* If any components are missing, please contact customerservice.led.asheville@thermofisher.com . Include model and serial number of system and missing component.
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| System was unpacked and “Extent of Assembly Kit” 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 bench or wall can support the weight of the system per the Technical Specifications in the operation manual: 65 lbs. for line fed MicroPure, 75 lbs. for MicroPure with Storage tank.
* If wall mounting, wall mounting hardware MUST be attached to the wall prior to the date of start-up. The system or wall bracket comes with the required mounting hardware.
* Set system in its final location.
* Drawings available at [www.thermofisher.com/newlab](http://www.thermofisher.com/newlab)

It is the responsibility of Unity Lab Service to do the following: * Set up equipment with tubing and accessories.
* Install cartridges and filters.
* Startup 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 will be mounted.****Indicate below if the system has been mounted in final location.** |
| Where will MicroPure system be mounted? | [ ]  Wall Mount [ ]  Bench Mount [ ]  Undercounter Mount  |
| Is system mounted in final location? | [ ]  Yes [ ]  No , not ready \* |
| \* If you marked “Not Ready,” the water system must be set up in location before the service engineer arrives. | Date System will be ready (MM/DD/YYYY):       |
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| **Section 4: Electrical Requirements*** 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 installation location.
* See Electrical Requirements section in operation manual.
 |
| Have Electrical requirements been met? |  [ ]  Yes [ ]  No  |
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| **Section 5: Feed Water & Drain Requirements*** The water system comes with ¼” NPTM or ¾” NPTF adapter as well as feed water and drain tubing. See Section 9 Addendum checklist for picture of supplied adapter.

It is the responsibility of the customer’s onsite facilities department to provide:* Feed water supply must be purified by one or more of the following technologies: reverse osmosis, deionization, or distillation. Tap water is not acceptable supply.
* Customer must supply ¼” NPTF or ¾” NPTM at the water source to connect to the water purification system feed water adapter.
* 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 at www.thermofisher.com/installation on how to identify proper feed water connection.
 |
| Feed Water has been pretreated by reverse osmosis, deionization, or distillation?  | [ ]  Deionized [ ]  Distilled [ ]  Reverse Osmosis [ ]  Unknown\* |
| *\*If feed water is unknown or tap water, please consult your sales representative or service engineer for guidance* |
| If system is 50132374 – MicroPure UV with Storage tank or 50132372 - MicroPure UV/UF with Storage reservoir select NA for Feed Water requirements below. |
| Feed water supply fitted with ¾” NPT (pipe thread) male connector or ¼” NPT connector? | [ ]  Yes [ ]  No\* [ ]  NA |
| *\*If no was selected, please describe water connection in additional notes section below and/or supply photo.* |
| Feed water has shutoff valve? | [ ]  Yes [ ]  No [ ]  NA |
| Feed water supply located within 5 ft.? | [ ]  Yes [ ]  No [ ]  NA |
| Feed water temperature between 2-35°C | [ ]  Yes [ ]  No [ ]  NA |
| Feed water pressure between 0.1-6 bar (1.4–87psi)?  | [ ]  Yes [ ]  No [ ]  NA |
| Atmospherically vented drain or sink within 5 ft.?  | [ ]  Yes [ ]  No  |
|  |  |
| **Section 6: Other Specifications*** The primary operator of the instrument must be available during start-up 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 start-up site or system set up in the section below.**  |
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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**

