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

A picture containing text, indoor, camera lens

Description automatically generated