7936 Forest City Road
Orlando, FL 32810
info@spire-is.com
877.679.7800
spire-is.com

START-UP CHECKLIST

One (1) Start-Up Checklist Must Be Completed Per Job/Serial #

STERILIZER JOB/SERIAL # _____ END USER _____ DATE _____

PERFORMED BY _____ (Name) _____ (Company)

- ❑ **Equipment installed per the submittal drawings or General Arrangement (GA) drawings**
- ❑ **Equipment is plumb and level**
- ❑ **Loading equipment is adjusted correctly**
- ❑ **Conduct at least one (1) Gravity and one (1) Vacuum cycle (**also conduct one (1) **Liquid** cycle if the end user will be using the sterilizer for liquid loads**) and include a copy of each test cycle with this report Note: It is recommended end-Users initiate their internal standard operating procedure for any pre-operation testing.**
- ❑ **Clean the equipment, chamber and fascia/modular walls with PRIMUS approved stainless steel cleaning agent(s) (**Refer to the PRIMUS Operator Manual and Did You Know #13 Chloride Stress Corrosion**)**
- ❑ **Verify factory set cycle parameters**
- ❑ **Return Material Authorization (RMA) form submitted and all suspected defective parts returned to PRIMUS**

*If the above checklist **CANNOT** be completed or if you or the end user has other concerns, please note them below and contact Dave Schall at (402) 344-4200 ext. 1212 or dschall@spire-is.com immediately.*
The Manufacturer's Equipment Warranty (MEW) will not be in effect without a signed copy of this form.
This completed form MUST be e-mailed to PRIMUS at info@spire-is.com within five (5) days of sterilizer start-up.

Comments

_____
_____
_____

_____
_____
_____
_____

FOR PRIMUS USE ONLY (For Authorization) **Dave Schall** _____ **Date** _____

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Date	_____	**End User Signature**	
ASA Signature	_____	**Print Name & Title**	
ASA Print Name	_____	**Phone**	
		E-mail	

FOR PRIMUS USE ONLY (For Authorization) **Dave Schall** _____ **Date** _____