PRIMUS
SPIRE INTEGRATED SOLUTIONS

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Installation Qualification Checklist

*USED FOR COMPLEX STERILIZER INSTALLATIONS

One (1) Installation Qualification Checklist to Be Completed per Job/Serial #

PRIMUS Model _____
Job/Serial # _____
End User Name _____
End User Address _____
_____
Installation Location _____

PRIMUS Authorized Installer
Company _____
Technician _____
Technician _____

This completed form along with the Installation Verification Form MUST be e-mailed to PRIMUS at info@spire-is.com within five (5) days of final Installation.

1.0 Installation Qualification Checklist Approval

PRIMUS Model _____
Job/Serial # _____

Checklist Completed By _____ Date _____
(PRIMUS Authorized Installer)

Completion Approved By _____ Date _____
(End User Representative)

2.0 Participant Signature Page

*To include Validators, Authorized Service Agents, End Users, Contractors, etc.

Printed Name	Title	Signature

3.0 Test Equipment Information

If possible, all test equipment used in performing this checklist should be calibrated and in good working order. The following is a list of recommended test equipment:

Dry Well or Other Method Used

Manufacturer_____
Model_____
Calibration Date_____

Temperature Logger or Other Method Used

Manufacturer_____
Model_____
Calibration Date_____

Digital Compound Pressure Gauge or Other Method Used

Manufacturer_____
Model_____
Calibration Date_____

4.0 Manufacturer Data

Manufacturer: PRIMUS STERILIZER COMPANY
175 N US-281
Great Bend, KS 67530
Phone (402) 344-4200
Fax (402) 344-4242

5.0 Acceptance Criteria

Objective

The objective of this checklist is to verify that PRIMUS steam sterilizer Job/Serial # _____ has been fully tested before being released to the End User. Testing and Verification will include inspecting for shipping damage, installation per PRIMUS specifications, utility supplies, functional testing, calibration settings, and overall safe operation.

Acceptance Criteria

After each verification step, an Acceptance check mark will document that the sterilizer meets that criterion. If the sterilizer does not meet the criterion, a "No" check mark will indicate a discrepancy. All discrepancies will be documented in Section 7.0 and PRIMUS will be notified immediately for resolution. After each section, a signature will document completion.

Required Analysis

After End User review and approval, the End User representative(s) will sign off on the checklist (page 1) prior to starting the Installation Qualification. After completion of the Installation Qualification, approval will require the End User representative's signature denoting the checklist is complete.

6.0 Installation Qualification Checklist

6.1 Installation Verification

Sterilizer is set-in-place per submittal drawings	Accepted		Not Accepted	
There is no shipping damage	Accepted		Not Accepted	
Sterilizer is plumb and level	Accepted		Not Accepted	
Front fascia panel/mod wall is plumb with wall	Accepted		Not Accepted	
Door(s) functioning properly	Accepted		Not Accepted	
Door gasket(s) installed properly	Accepted		Not Accepted	
All shipping material is removed from chamber	Accepted		Not Accepted	
Chamber is clean and free from defects	Accepted		Not Accepted	
All inner chamber components are tight	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.2 Control Box Verification

There is no damage to control box	Accepted		Not Accepted	
Pilot light and toggle switch are secured	Accepted		Not Accepted	
Interior is free of debris	Accepted		Not Accepted	
Verify connections are properly tightened following shipping vibration	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.3 Printer Verification (if applicable)

Printer is properly secured	Accepted		Not Accepted	
All electrical connections are tight	Accepted		Not Accepted	
Status light is illuminated	Accepted		Not Accepted	
Printer prints correctly	Accepted		Not Accepted	
Using test print, the last cycle prints out properly (Cybertech only)	Accepted		Not Accepted	
The printer errors if there is no paper present	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.4 Operator Control Panel Verification

There is no visible damage	Accepted		Not Accepted	
All screw connections are tight	Accepted		Not Accepted	
Control panel is secured properly	Accepted		Not Accepted	
Sterilizer powers up when “On” button is pressed	Accepted		Not Accepted	
Sterilizer powers down when “Off” button is pressed	Accepted		Not Accepted	
Display functions properly	Accepted		Not Accepted	
All buttons function properly when pressed	Accepted		Not Accepted	
All lights illuminate properly	Accepted		Not Accepted	
Buzzer functions properly	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.5 Electrical Utility Verification

Electrical connections are tight	Accepted		Not Accepted	
Sterilizer is connected to dedicated 115 volt circuit	Accepted		Not Accepted	
Disconnect switch is present and working properly	Accepted		Not Accepted	
Sterilizer is properly grounded	Accepted		Not Accepted	
Using a voltage meter, voltage measures _____	Accepted		Not Accepted	
Location of circuit breaker				

Completed By _____ ***Date*** _____

6.6 Plumbing Utility Verification

6.6.1 Water Supply

Water connection is made to the facility supply	Accepted		Not Accepted	
Water connection shut-off valve is present and working properly	Accepted		Not Accepted	
Static water pressure measures _____				
Dynamic water pressure measures _____				
There are no leaks	Accepted		Not Accepted	
If new water piping has been installed, it has been properly flushed prior to sterilizer being installed	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.6.2 Steam Supply

Steam connection is made to facility steam supply	Accepted		Not Accepted	
A shut-off valve is installed prior to the sterilizer connection and is in working condition	Accepted		Not Accepted	
Steam supply is properly separated and trapped	Accepted		Not Accepted	
Static steam pressure measures _____				
Dynamic steam pressures measures _____				
There are no steam leaks	Accepted		Not Accepted	
If new steam piping has been installed, the system has been properly flushed prior to the sterilizer being installed	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.6.3 Drain Plumbing

Sterilizer is connected to facility drain supply	Accepted		Not Accepted	
Facility drain is 2” or greater	Accepted		Not Accepted	
Facility drain has adequate flowage	Accepted		Not Accepted	
Sterilizer drain connection has a minimum 1” air gap above the floor drain	Accepted		Not Accepted	
Sterilizer drain connection is mounted to prevent vibration	Accepted		Not Accepted	
Sterilizer drain connection does not splatter outside of the floor drain	Accepted		Not Accepted	
Sterilizer drain is constructed of copper	Accepted		Not Accepted	
There are no leaks	Accepted		Not Accepted	
Area under and around the sterilizer is sloped to the floor drain at 1/8” per foot minimum	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

6.7 Operator Manual Verification

End User received Operator Manual(s)	Accepted		Not Accepted	
All Operator Manual(s) match the sterilizer Job/Serial #	Accepted		Not Accepted	
All electrical schematics are present and match the sterilizer Job/Serial #	Accepted		Not Accepted	
All plumbing schematics are present and match the sterilizer Job/Serial #	Accepted		Not Accepted	

Completed By _____ ***Date*** _____

7.0 Discrepancy List

8.0 Completed Checklist Approval

Checklist Completed By _____ Date _____
(PRIMUS Authorized Installer)

Completion Approved By _____ Date _____
(End User Representative)

PRIMUS Review and Approval

_____ _____
PRIMUS Representative Date