PRIMUS
SPIRE INTEGRATED SOLUTIONS

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

# INSTALLATION VERIFICATION

One (1) Installation Verification 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**
- ❑ **Installation Qualification Checklist or Installation Checklist (**as applicable**) is complete**
- ❑ **Return Material Authorization (RMA) form submitted and all defective parts returned to PRIMUS**
- ❑ **Take installation photos of front and service area of sterilizer. Submit to PRIMUS via email**

*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.*
*This completed form along with the applicable Installation Qualification Checklist or Installation Checklist MUST be e-mailed to PRIMUS at info@spire-is.com within five (5) days of the final installation.*

**Comments**

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**Date** _____ **End User Signature** _____

**Installer Signature** _____ **Print Name & Title** _____

**Installer Print Name** _____ **Phone** _____

**E-mail** _____

FOR PRIMUS USE ONLY (For Authorization)

**Dave Schall** _____ **Date** _____