PRIMUS
SPIRE INTEGRATED SOLUTIONS

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IN-SERVICE TRAINING CHECKLIST

One (1) In-Service Training Checklist Must Be Completed Per Job/Serial #

STERILIZER JOB/SERIAL # _____ END USER _____ DATE _____

PERFORMED BY _____ . _____
(Name) (Company)

- ❑ **Training agenda as agreed to by end user supervisor**
- ❑ **End user took custody of Operator Manual(s) and PRIMUS Care Package**
- ❑ **PRIMUS Steam Sterilizer School information provided to end user**
- ❑ **PRIMUS Key Contacts List provided to end user**
- ❑ **How to use loading equipment (**Refer to Did You Know #33 PRIMUS Loading Equipment & Shelving Options**) properly explained**
- ❑ **Sterilizer care and maintenance (**Refer to Did You Know #51 Sterilizer Maintenance Overview**) properly explained**
- ❑ **Check if PRIMUS In-Service Operator Training Agenda used**

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 MUST be e-mailed to PRIMUS at info@spire-is.com within five (5) days of the In-Service Training.

Names of Personnel Attending In-Service Training

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Name of Supervisor _____
Phone/E-mail _____
Comments _____

_____
_____

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

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