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

PREVENTIVE MAINTENANCE CHECKLIST

One (1) Preventive Maintenance Checklist Must Be Completed Per Job/Serial #

STERILIZER
JOB/SERIAL # _____ END USER _____ DATE: _____

PERFORMED BY _____ _____
(Name) (Company)

- ❑ **Sterilizer preventive maintenance performed in accordance with the procedure(s) and guideline(s) set forth in the PRIMUS Operator Manual (**Also refer to Did You Know? 47, 48, 51, and 167)
- ❑ **Clean the exterior stainless with PRIMUS stainless steel polish and reset the sterilizer to the original cycle. Enclose this report and the test cycle print-out with the Call Report to PRIMUS**

This checklist is for _____ Year of Service

❑ **1st Quarter** **Date Completed _____**

Comments _____

_____

_____

_____

❑ **2nd Quarter** **Date Completed _____**

Comments _____

_____

_____

_____

❑ **3rd Quarter** **Date Completed _____**

Comments _____

_____

_____

_____

Date Completed _____

_____

_____

_____

_____

❑ **4th Quarter**

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Comments

*Instructions: When part replacement is required, follow the PRIMUS Return Material Authorization (RMA) procedure. This completed form along with your company Call Report (with **required** end user signature) MUST be e-mailed to PRIMUS at info@spire-is.com or faxed to PRIMUS at (402) 344-4242 within five (5) days of completing the preventive maintenance service.*
Please put the following statement in your company Call Report comment section: "The above listed equipment inspected as per PRIMUS recommendations."

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

FOR PRIMUS USE ONLY (For Authorization)

Dave Schall _____ **Date** _____