

MUELLER[®]

BIOPHARM SYSTEMS

Request for Start-Up

To request start-up service from your factory-authorized service representative, fill out the following form and mail or fax it to:

Paul Mueller Company
BioPharm Systems Product Support Group
P.O. Box 828 • Springfield, Missouri 65801-0828, U.S.A.
Phone: (417) 831-3000 • 1-888-281-5800
Fax: (417) 575-9662

Important Note—

Please allow a minimum two-week advance notification prior to the desired start-up date to help avoid scheduling conflicts.

Mechanical

All utilities have been installed and tested as described in the owner's manual(s) furnished with the system(s).

Required pretreatment equipment is installed in accordance with the manufacturer's requirements and is on line and ready for service.

Installation of all utility, product, waste, and return lines is complete and in compliance with all state and local code requirements.

Signed: _____ Date: _____
(responsible party)

Electrical

All wiring to the Mueller[®] BioPharm Systems equipment is complete, correct, and in accordance with all furnished wiring schematics, including connection to associated utilities and remote devices (utility booster systems, remote controls, facility management systems, etc.).

Installation of electrical supply and controls is complete and in compliance with NEC, state, and local electrical codes.

Signed: _____ Date: _____
(responsible party)

BioPharm Systems Request for Start-Up

All requirements for installation have been met to start the following equipment:

Model No.: _____ Model No.: _____ Model No.: _____

Serial No.: _____ Serial No.: _____ Serial No.: _____

I request that a factory-authorized service representative be scheduled to appear at the following address to perform a start-up on the above equipment on or about the week of _____.
(Please note that this is a requested date and must be confirmed by the BioPharm Systems Product Support Department.)

Company: _____

Street: _____

City/State/Zip: _____

Contact: _____

Phone: _____ Fax: _____

I understand that if the service representative determines the installation does not meet the minimum requirements for start-up as described in the owner's manual, he can cancel the start-up and my company is responsible for the associated expenses.

Name (print): _____ Phone: _____

Signature: _____ Date: _____

When completed and signed, submit this form to:

**Mail: BioPharm Systems Product Support Group
Paul Mueller Company
P.O. Box 828
Springfield, Missouri 65801-0828**

**Fax: BioPharm Systems Product Support Group
(417) 575-9662**

You will be contacted by the BioPharm Systems Service Coordinator within two weeks to confirm the start-up of your machine(s).

Please refer any questions regarding this form or the installation of your equipment to the BioPharm Systems Product Support group at 1-888-281-5800. We will be happy to assist you.