



ADVANTAGE Installation Checklist

Facility Name: _____
 Address: _____
 City, State, Postal Code: _____
 Phone: _____ Fax: _____ Contact Name: _____ Title: _____
 Model #: _____ Serial #: _____ Email: _____
 Installation Date: _____ Installed By: _____
 IT Contact: _____ Phone/Email: _____
 High Level Disinfectant Used: Rapicide OPA Glut. SS Options: Compressor VMS Printer

This checklist will be utilized to ensure the proper installation of the ADVANTAGE Automated Endoscope Reprocessor. Upon completion of the installation, the unit will be ready for operation.

Installation Requirements

Unpacking	All packages are accounted for	
Assembly	All installation specifications have been met	
User Entry	All user information entered, barcodes assigned	
Endoscope Entry	All endoscope information entered, barcodes assigned	
System Parameters	System parameters checked and changes noted below	
Disinfection Programs	Disinfection Programs inputted and changes noted below	
General	Date and time correct, sound checked	
Inputs/Outputs Verification	Inputs and outputs verified, lines primed	
Test with Scopes	Cycles run with scopes, completed without any errors	
Waterline Disinfect	Waterline disinfect performed	
Data Backup	Data backed up; CD left with ADVANTAGE, FSE, Tech Service	
Remote Access	Internet access available	
System Parameter Changes		
Program Changes		
Notes		

Facility representative: _____ Title: _____
 Signature: _____ Date: _____
 Medivators FSE: _____ Title: _____
 Signature: _____ Date: _____

Provide a copy of this sheet to the facility representative and fax completed form to:
Medivators Technical Support Fax (866) 553-9444