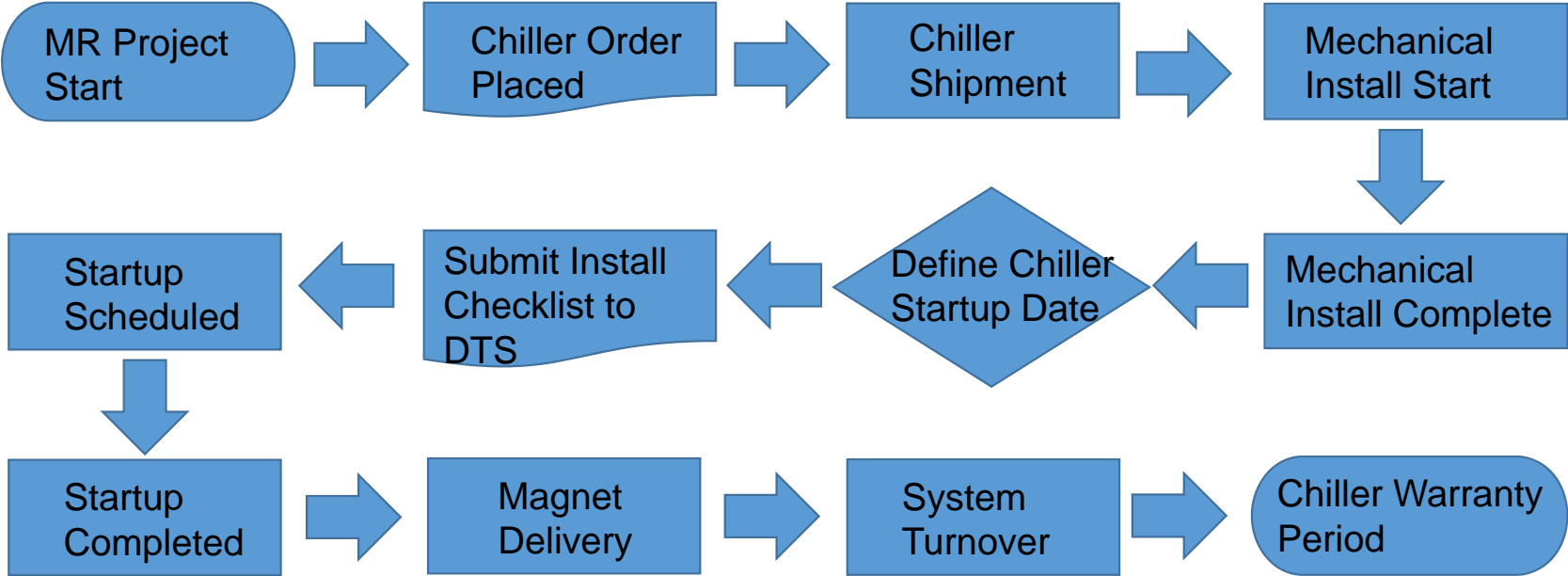


DTS Chiller Startup Flow Chart – Siemens MR Projects



Dimplex Install Checklist

- Completed install checklist must be submitted to DTS 72 hours prior to desired startup date
 - This is to be signed by the Siemens PM after confirmation that the install is completed and ready for startup
 - Can be submitted via email to medicalservice@dimplexthermal.com or through the Siemens Portal at www.dimplexthermal.com/siemens
- Startup is usually completed a few days prior to magnet delivery, but this is at the discretion of the Siemens PM
- SEP must be in place with connections from chiller made, or acceptable bypass installed in plumbing to allow flow circulation



CHILLER INSTALLATION RESPONSIBILITY PRE-START-UP CHECKLIST

This checklist is required to be completed and submitted to DTS prior to a startup visit being scheduled. These items are all to be completed by the installation team(s) hired by the end-user. This form must be signed and emailed to medicals@dimplexthermal.com or submitted electronically via: www.koolantcoolers.com/oem-install-checklist. **If the items in this form are not completed upon arrival of a DTS startup technician, the technician will leave site without completing the startup and the signee of this form will be responsible for all charges required to have the technician return.**

DTS requires startup requests to be submitted 72 hours in advance along with this completed checklist before a startup technician can be scheduled to complete this service. If you request this service to be completed in less than the required timeframe, the signee will be responsible for an expedited service charge of \$75. DTS factory technician startup visits require a minimum two weeks notice for travel coordination and scheduling. Refer to the chiller manual for installation specifications or contact the DTS Medical Service Department directly.

- Chiller installation location allows proper airflow and accessibility for maintenance according to manual.
- Chiller is anchored and supported according to specifications.
- Chiller is not located near a heat source (other condenser exhaust, ventilation ducts, etc).
- Chiller is plumbed into the process equipment, or a temporary loop has been created until process equipment arrives. Field piping sized and installed according to spec. REFER TO DOCUMENT MED-WI-010 FOR INSTRUCTION ON THIS PROCESS.
- Fluid plumbing has been flushed clean. ****DO NOT attempt to flush into or pressure-test the chiller reservoir.**
- Fill the chiller reservoir with the correct glycol and water concentration. REFER TO DOCUMENT MED-WI-011 FOR INSTRUCTION ON THIS PROCESS BEFORE COMPLETING.

Type & Brand of Glycol Used: _____

- Electrical service to the chiller is connected and matches the chiller power requirements per the data tag. REFER TO DOCUMENT MED-WI-012 FOR INSTRUCTION ON THIS PROCESS.
- Field wiring is correct and to print. All connections and terminations are tight. Chiller remote display has been installed and mounted inside the MR suite.
- Chiller power disconnect turned on to chiller for a minimum of 8 hours before for start-up. REFER TO DOCUMENT MED-WI-012 FOR INSTRUCTION ON THIS PROCESS BEFORE COMPLETING.
- Split Refrigeration System (Remote Condenser Chillers Only):** Refrigeration lines have been evacuated and charged with the appropriate amount of refrigerant. Refer to the chiller data tag and refrigeration schematic to determine the amount of refrigerant needed to charge the condenser and line set.

By signing below I hereby acknowledge that all items on this list have been completed in accordance with the chiller manual installation specifications and that I agree to the terms listed above. I also acknowledge that any delays in the startup not due to fault of the chiller, DTS, or the local service representative of DTS and their resulting cost are my responsibility. **Please contact the DTS Medical Service Team at 1-800-968-5665 with any questions or concerns.**

 Signature of Install Manager (GC) (____) _____ _____
 Phone Printed Name

 Site Name _____
 Site Address

 Chiller Serial # _____ _____
 Chiller Model Requested Startup Date

 Signature of MR Project Manager (____) _____ _____
 Phone Form Completion Date



Thermal Solutions

YOUR MEDICAL CHILLER AND SERVICE PARTNER

MEDICAL TEAM CONTACT INFORMATION:

Tony Trumblee – Medical Account Manager

Direct: 269-569-7656

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Email: ttrumblee@dimplexthermal.com

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Derek Davis – Medical Sales and
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Email: ddavis@dimplexthermal.com

FOR ALL SERVICE INQUIRIES:

24/7 Medical Service Line: 800-968-5665 x710

medicalservice@dimplexthermal.com

FOR CHILLER SALES INQUIRIES:

Medical Chiller Sales Line: 800-968-5665 x707

medicalsales@dimplexthermal.com

FOR PARTS SALES OR ACCESSORIES PURCHASES:

Parts Department: 800-968-5665 x708

partsdept@dimplexthermal.com