

ThermoFisher

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CHANGE SUMMARY

(Only changes within the last 18 months are listed below.)

Revision Number	Effective Date	Description of Changes
006	See coversheet	<ul style="list-style-type: none">• Added PM / Service Procedures to Pre and Post PM Checks• Added Ion Transfer Tube Exchange to PM Tasks
005	14 Jun 2024	<ul style="list-style-type: none">• Added Performance Maintenance request question.
004	26 Mar 2024	<ul style="list-style-type: none">• Updated to current checklist template.

Customer:		Equipment Manufacturer:	Thermo Scientific
Customer Contact Name:		Model:	
Engineer Name:		Serial #:	
SAP Notification/Job #:		System Reference ID:	
Procedure(s) utilized:		Decontamination:	Yes <input type="checkbox"/> Not Required <input type="checkbox"/>
		Date Performed:	
Pre- and Post-PM Checks		Passed before PM/Passed after PM	
Readback and Voltage		Before PM <input type="checkbox"/> After PM <input type="checkbox"/>	
Lens Connectivity Check		Before PM <input type="checkbox"/> After PM <input type="checkbox"/>	
Ion Optics Maintenance Check		Before PM <input type="checkbox"/> After PM <input type="checkbox"/>	
Quadrupole Maintenance Check		Before PM <input type="checkbox"/> After PM <input type="checkbox"/>	
(pre or post) PM / Service Procedures		Before PM <input type="checkbox"/> After PM <input type="checkbox"/>	
PM Tasks		Completed Yes/No	
Check if customer wants to receive Performance Maintenance training		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check that customer archived their data and methods		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fore pump gas ballasts opened for 15 minutes		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Oil exchanged		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dust filters replaced		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fans checked and replaced if required		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vacuum hoses inspected and replaced if required		Yes <input type="checkbox"/> No <input type="checkbox"/>	
N2 supply o.k.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ion Transfer Tube seal exchanged		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ion Transfer Tube exchanged (if applicable)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
API cage clean (Funnel, sweep cone, inject filter, etc)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Quadrupole and Bent Flatapole clean		Yes <input type="checkbox"/> No <input type="checkbox"/>	
HESI sprayer clean		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Optamax NG housing clean		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Oil mist filters on pumps exchanged		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Oil reservoir on turbomolecular pump replaced		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Software updated		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post-PM procedures successful		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Readings before and after PM		Before PM	After PM
Fore Vacuum			
IS5 vacuum			
HCD vacuum (gas off)			
UHV vacuum (gas on)			

Data System	Recorded Value
Computer (Dell Service Tag)	
Operating system	
Xcalibur version	
Chromeleon version	
Tune version	

Measurement & Test Equipment			
Calibration Date:	Next Due Date:	Make/Model:	Identification #:
Comments			
Field Service Representative Signature:		Customer Signature:	
Date: _____ <i>Date not required if using Digital Signature</i>		Date: _____ <i>Date not required if using Digital Signature</i>	