

CAV 2000 Series Automatic Viscometer Operation Qualification Procedure

Customer: _____ Location: _____ Bath _____ of _____

CAV2000 s/n: _____ Service Unit s/n: _____ Date: _____ Technician: _____

Visc Tube 1 s/n: _____ Range: _____ Visc Tube 2 s/n: _____ Range: _____

<u>Date or N/A</u>	<u>Component Change</u>	<u>Reason</u>
_____	(A) Stack	_____
_____	(B) Valve Tray	_____
_____	(C) Pneumatic Drawer	_____
_____	(D) Tube # _____	_____

<u>Procedure</u>	<u>Initials</u>	<u>Date</u>	<u>2nd √ Date if Change A-D</u>
1. Constant bath temperature Day 1 _____ Day 2 _____ (°C)			A
2. Verify HEAT 1 (control) is the right heater (check heat striation lines from heater)			
3. Solvent flow for tube and spray ring.			BD
4. Advance fingers advance properly.			C
5. Sample holders index properly.			C
6. Left and right sample tray heats correctly and controlled by correct controller.			
7. Left and right drain heats correctly and controlled by correct controller.			
8. Shift, advance, load air cylinders, and regulators operate.			C
9. Shift and Load sensors operate correctly			C
10. Gauges and Regulators work properly.			C
11. Vacuum holds in tubes.			BD
12. All indicator lights work properly.			
13. Check both RS232 and RS485 serial ports.			A
14. Proper Airflow through tubes.			D
15. Manual parameter setting works correctly (test, wash, restricted)			A
16. Buzzer operates			
17. Cycle power 5 times (with at least 5 minutes between cycles)			
18. Sensors set for each tube.			AD
19. Calibration verification samples tested OK.			ABD
<i>POST OPERATIONAL INSTALLATION</i>			
20. Personnel and Training (Operators designated by customer)			
21. Sample Preparation and testing			

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<u>Procedure</u>	<u>Initials</u>	<u>Date</u>	<u>2nd √ Date if Change A-D</u>
22. Viscometer Tube Calibration.			D
23. Maintenance Training (Personnel designated by customer)			

PASS [] FAIL []

The following certified person completed the manufacturer's procedure for the proper Operation Qualification of this instrument:

Name: _____

Title/Affiliation: _____

Signature: _____

Date: _____