



SOMAT PRE-START UP CHECKLIST

Job Name: _____ Serial Number of Unit: _____
 On Site Contact: _____ On Site Phone # _____
 Company Name: _____ Requested Date for Start-up: _____
 Job Site Address: _____

Please initial that you are in compliance with the criteria listed below. Failure to check on any of these items may result in the necessity for **additional visits, which will not be paid for by Somat Company.**

Initials: _____ Print Name: _____ Date: _____

Electrical:

- * 1. _____ Has all interconnecting wiring been run between Extractor and Pulper(s) as per drawings?
- 2. _____ Has all the wiring between the junction boxes and control panels been run and landed?
- 3. _____ Has the Airline(s) been run and connected from the control panel(s) to the pulper(s)?
(Applies to SP-60 only)

Plumbing:

- * 1. _____ Are all check valves mounted horizontally and plumbing completed?
- 2. _____ Are all **supplied gate valves** installed with nozzles as per drawings?
- * 3. _____ Are cleanouts installed in the slurry line as per the drawing and installation instructions?
- 4. _____ Has the siphon break been installed (as applicable when required)?
- 5. _____ Have all pipe sizes been maintained according to the drawings? **(No reduction of sizes!)**
- 6. _____ Have the pipes been flushed and pressure tested? **(Fresh water supply must be flushed!)**
- 7. _____ Are cleanout covers in place and tight? (Where applicable)
- 8. _____ Are floor drains properly sized and free of debris?

General:

- 1. _____ Has all equipment been installed according to Somat Company's approved drawings?
- * 2. _____ Is the Extractor Chute at 45° as per the drawing? (Through the wall units)
- 3. _____ Are the **supplied** vibration pads installed under equipment requiring them?
- * 4. _____ Has proper curbing been installed around the Extractor when required?
- 5. _____ Have the Electrician and Plumber been given a copy of SOMAT's installation instructions?
(Have they followed them?)

* APPLIES TO REMOTE SYSTEMS ONLY

Note: Return visits required due to incomplete or incorrect installation will be invoiced.
We require 2 weeks advance notice for scheduling purposes, thanks in advance for your understanding.

I understand if the above information is not correct I will be invoiced. _____
(Signature Required)

Please call Somat Company if there are any questions regarding the installation requirements.
Somat Company toll free 800-237-6628