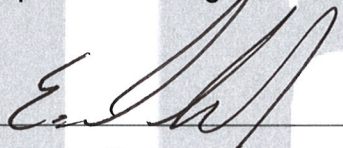


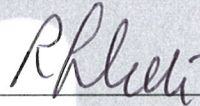
CRYOSTAT

SUB-AMBIENT TEMPERATURE CONTROLLER

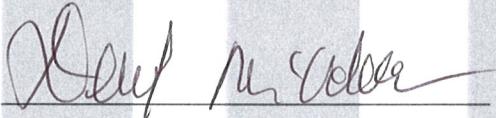
This Operator Training Checklist was reviewed and approved by:



Director, Quality Assurance



Director, Marketing



Global Service Manager



Department of Product Integrity and
Performance Manager

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OPERATOR TRAINING CHECKLIST

026-42870-03
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(Rev -)

1. OVERVIEW

This document contains a checklist to be used for training CryoStat system operators. Place a check mark next to the items that were shown and discussed.

2. ORIENTATION

- _____ 1. Operator manual location, organization, and conventions
- _____ 2. Equipment description
- _____ 3. Power up and power down sequence
- _____ 4. CryoStat cable connections
- _____ 5. Gas connections
- _____ 6. Temperature controller unit
- _____ 7. Helium compressor

3. SOFTWARE APPLICATION

- _____ 1. Enable / disable cryostat and elevator
- _____ 2. Analysis configuration settings
- _____ 3. Prepare the sample
- _____ 4. Trainee allowed time to become familiar with software application

4. INSTALL AND OPERATE THE CRYOSTAT

- _____ 1. Safety discussion
- _____ 2. Install the carriage
- _____ 3. Install the cryostat
- _____ 4. Install the compressor
- _____ 5. Install the temperature controller
- _____ 6. Connect gases
- _____ 7. Raise / lower cryostat

- _____ 8. Install sample tubes
- _____ 9. Rotameter scale discussion
- _____ 10. Run an analysis
- _____ 11. Remove sample tubes
- _____ 12. Remove cryostat from analyzer

5. TROUBLESHOOTING AND MAINTENANCE

- _____ 1. Troubleshooting
- _____ 2. Error messages
- _____ 3. Preventive maintenance procedures
- _____ 4. Gas line connection
- _____ 5. System calibration
- _____ 6. Clean the equipment
- _____ 7. Recover from a power failure

6. RETURNED GOODS AND PARTS ORDERING

- _____ 1. Returned goods policy
- _____ 2. Parts and accessories ordering (and where to find them on the internet)

7. WARRANTY STATEMENT

- _____ Warranty policy

9. VERIFICATION

_____ All items on the Operator Training Checklist completed? (Enter **Yes** or **No**)

Name of trainer: _____

Date of training: _____

Company address: _____

Instrument name: _____

Instrument serial number: _____

The following section is to be completed by the primary operator trained during this session. Please complete to acknowledge that installation training has been carried out to your satisfaction.

Operator verifying completion of training: _____

Date signed: _____

Operator's title: _____

Operator's phone number: _____