



PREVENTIVE MAINTAINACE WORK

Date/Time Work NO. PMWWAC/B/2021/000062 02/04/2020 Work Group. W2 WR Type In Warranty Period. QC-PPM/RT. Wno QC-Uptime WB544006732A Type Code 13-217 Asset No Asset Name Pump Infusion Syringe (CCIS) **Location Name** Equipment Room 2 Main Operation Theatre (Location code L5-OT-135 Department Name (OTC) **Asset Status** Active **Asset Critically Variation Status** Wno **Asset Condition** Wdt Brand/Model Injectomat MC Agilia Serial No. Wdt Manufacturer Fresenius Kabi AG Vendor Fresenius Kabi AG **Brand** Vendor Service Agent Service Life (Yrs.) **Contact Person** Phone No Previous Work Date 01/01/0001 Previous Repair Date Task No Description Target Date Next Status

Requested Details:

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018 End Date 27/09/2020

05/04/2021

Telephone No.

Description	UOM	Qty Used(U)/ Returned (Rt)
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Employee No.	NAME	Task Code	Date	Start Time	End Time	Preparation Hours

Performance Test:Not	t Applicable.		Preparation	Hours
PPM Agreed Date:				
Date/Time Work Started:		Date/Time Work St	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
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Work NO.		Date/Time								
Work Group					WR	Type				
Period										
QC-PPM/RT		QC-Uptime								
Asset No	Type Code									
Asset Name					Location	Name				
ocation code					Departm	nent Nam	e			
Asset Status		Asset Critically								
/ariation Status					Asset Co	ndition				
Brand/Model		Serial No.								
Manufacturer		Vendor								
Brand										
Service Agent						ife (Yrs.)				
Contact Person					Phone N	lo				
Previous Work Date					Previous	Repair D	ate		600	_
Task No	Description	n		T	arget Date			Next	Status	┙
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Parts Details										
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Employee Details			5,500							_
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Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			\neg
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PREVENTIVE MAINTAINACE WORK

Date/Time Work NO. PMWWAC/B/2021/000063 02/04/2020 Work Group. W2 WR Type In Warranty Period. QC-PPM/RT. Wno QC-Uptime WB544006732A Type Code Asset No 13-217 Asset Name Pump Infusion Syringe (CCIS) Location Name Equipment Room 2 Main Operation Theatre (Location code L5-OT-135 Department Name (OTC) **Asset Status** Active **Asset Critically Variation Status** Wno **Asset Condition** Wdt Brand/Model Injectomat MC Agilia Serial No. Wdt Manufacturer Fresenius Kabi AG Vendor Fresenius Kabi AG **Brand** Vendor Service Agent Service Life (Yrs.) **Contact Person** Phone No Previous Work Date 01/01/0001 Previous Repair Date

Task No	Description	Target Date	Next	Status
		06/04/2021		

Requested Details:

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018 End Date 27/09/2020

Telephone No.

Description	UOM	Qty Used(U)/ Returned (Rt)
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Employee No.	NAME	Task Code	Date	Start Time	End Time	Preparation Hours

Performance Test:Not	t Applicable.		Preparation	Hours
PPM Agreed Date:				
Date/Time Work Started:		Date/Time Work St	arted:	Downtime hours:
Action Taken:				
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Work NO.		Date/Time								
Work Group					WR	Type				
Period										
QC-PPM/RT		QC-Uptime								
Asset No	Type Code									
Asset Name					Location	Name				
ocation code					Departm	nent Nam	e			
Asset Status		Asset Critically								
/ariation Status					Asset Co	ndition				
Brand/Model		Serial No.								
Manufacturer		Vendor								
Brand										
Service Agent						ife (Yrs.)				
Contact Person					Phone N	lo				
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Work NO. Work Group. Period.	PMWWAC/B/2021/000064 W2	Date/Time WR Type	02/04/2020 In Warranty
QC-PPM/RT.	Wno	QC-Uptime	
Asset No	WB544006732A	Type Code	13-217
Asset Name	Pump Infusion Syringe (CCI	S) Location Name	Equipment Room 2
Location code	L5-OT-135	Department Name	Main Operation Theatre (OTC)
Asset Status	Active	Asset Critically	
Variation Status	Wno	Asset Condition	Wdt
Brand/Model	Injectomat MC Agilia	Serial No.	Wdt
Manufacturer	Fresenius Kabi AG	Vendor	
Brand	Fresenius Kabi AG	Vendor	
Service Agent		Service Life (Yrs.)	
Contact Person		Phone No	
Previous Work Date	01/01/0001	Previous Repair Dat	e
Task No	Description	Target Date Next	Status

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018 End Date 27/09/2020

07/04/2021

Telephone No.

Description	UOM	Qty Used(U)/ Returned (Rt)
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Employee No.	NAME	Task Code	Date	Start Time	End Time	Preparation Hours

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Action Taken:				
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Work Group		WR Type								
Period										
QC-PPM/RT					QC-	Uptime				_
Asset No					Type Co	de				
Asset Name					Location	Name				
ocation code					Departm	nent Nam	e			
Asset Status					Asset Cr	itically				
/ariation Status					Asset Co	ndition				
Brand/Model					Serial No	о.				
Manufacturer					Vendor					
Brand										
Service Agent						ife (Yrs.)				
Contact Person					Phone N	lo				
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Status

Work NO.	PMWWAC/B/2021/000065	Date/Time	02/04/2020
Work Group.	W2	WR Type	In Warranty
Period.			
QC-PPM/RT.	Wno	QC-Uptime	
Asset No	WB544006732A	Type Code	13-217
Asset Name	Pump Infusion Syringe (CCIS)	Location Name	Equipment Room 2
Location code L5-OT-135		Department Name	Main Operation Theatre (OTC)
Asset Status	Active	Asset Critically	
Variation Status	Wno	Asset Condition	Wdt
Brand/Model	Injectomat MC Agilia	Serial No.	Wdt
Manufacturer	Fresenius Kabi AG	Vendor	
Brand	Fresenius Kabi AG	Vendor	
Service Agent		Service Life (Yrs.)	
Contact Person		Phone No	
Previous Work Date	01/01/0001	Previous Repair Date	

Target Date

08/04/2021

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Task No

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018 End Date 27/09/2020

Telephone No.

Description

Description	UOM	Qty Used(U)/ Returned (Rt)
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Employee No.	NAME	Task Code	Date	Start Time	End Time	Preparation Hours

Performance Test:Not		Preparation	Hours	
PPM Agreed Date:				
Date/Time Work Star	ted:	Date/Time Work St	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
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Work NO.						e/Time				
Work Group		WR Type								
Period										
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Asset Name					Location	Name				
ocation code					Departm	nent Nam	e			
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Brand/Model					Serial No	о.				
Manufacturer					Vendor					
Brand										
Service Agent						ife (Yrs.)				
Contact Person					Phone N	lo				
Previous Work Date					Previous	Repair D	ate		600	_
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Contract/Warranty	Informa	tion								
Contractor/Company Nan	ne									
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Completion			- 8					-		_
Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			\neg
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Work NO.	PMWWAC/B/2021/000066	Date/Time	02/04/2020
Work Group.	W2	WR Type	In Warranty
Period.			
QC-PPM/RT.	Wno	QC-Uptime	
Asset No	WB544006732A	Type Code	13-217
Asset Name	Pump Infusion Syringe (CCIS)	Location Name	Equipment Room 2
Location code	L5-OT-135	Department Name	Main Operation Theatre (OTC)
Asset Status	Active	Asset Critically	
Variation Status	Wno	Asset Condition	Wdt
Brand/Model	Injectomat MC Agilia	Serial No.	Wdt
Manufacturer	Fresenius Kabi AG	Vendor	
Brand	Fresenius Kabi AG	Vendor	
Service Agent		Service Life (Yrs.)	
Contact Person		Phone No	
Previous Work Date	01/01/0001	Previous Repair Date	

Task No	Description	Target Date	Next	Status
		09/04/2021		

Requested Details:

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018 End Date 27/09/2020

Telephone No.

Description	UOM	Qty Used(U)/ Returned (Rt)
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Employee No.	NAME	Task Code	Date	Start Time	End Time	Preparation Hours

Performance Test:Not	t Applicable.	Preparation Hours				
PPM Agreed Date:						
Date/Time Work Star	ted:	Date/Time Work St	tarted:	Downtime hours:		
Action Taken:						
Completed By: Name & Sign			ified: me & Sign			
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ork Group				WR Type					
Period									
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Asset No					Type Code				
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Location code				Department Name					
Asset Status				Asset Critically					
Variation Status				Asset Condition					
Brand/Model				Serial No.					
Manufacturer				Vendor					
Brand									
Service Agent					Service Life (Y	rs.)			
Contact Person					Phone No				
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Completion						<u> </u>			
Performance Test: Not	Applicable	2		Elect	rical Safety Test	: Not Applica	able		
PPM Agreed Date:			50	Market Control			1011000	9	
Date/Time Work Started:			Date	e/Time W	ork Completed	:		Downtime Hours:	
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