

PREVENTIVE MAINTAINACE WORK

|            |                      |           |                        |
|------------|----------------------|-----------|------------------------|
| Work NO.   | SWWO/PPM/2020/000008 | Date/Time | 2020-03-20T11:15:55.49 |
| Work Group |                      | WR Type   | Warranty               |
| Period     |                      |           |                        |
| QC-PPM/RT  |                      | QC-Uptime |                        |

|                    |   |                      |                |
|--------------------|---|----------------------|----------------|
| Asset No           | WB968005465A  | Type Code            | 13-215         |
| Asset Name         | Pump Infusion Volumetric                                      | Location Name        | Neonatal Bay 2 |
| Location code      | L9-NW1-014  | Department Name      | L9NW1          |
| Asset Status       |   | Asset Critically     |                |
| Variation Status   |   | Asset Condition      |                |
| Brand/Model        | Infusia VP7   | Serial No.           |                |
| Manufacturer       | Fresenius Kabi Jianyuan (Chansha) Medical Technology Co., Ltd | Vendor               |                |
| Brand              |   |                      |                |
| Service Agent      |   | Service Life (Yrs.)  |                |
| Contact Person     |   | Phone No             |                |
| Previous Work Date |   | Previous Repair Date |                |

| Task No | Description              | Target Date         | Next | Status |
|---------|--------------------------|---------------------|------|--------|
|         | Pump Infusion Volumetric | 2021-01-02T00:00:00 |      |        |

Requested Details:

|                         |
|-------------------------|
| Preventive Work Request |
|-------------------------|

Contract/Warranty Information

|                              |                     |          |
|------------------------------|---------------------|----------|
| Contractor/Company Name      |                     |          |
| Contract/Warranty Start Date | 0001-01-01T00:00:00 | End Date |
| Telephone No.                |                     |          |

Parts Details

| Description | UOM | Qty Used(U)/ Returned (Rt) |
|-------------|-----|----------------------------|
|             |     |                            |

Employee Details

| Employee No. | Name | Task Code | Date | Start Time | End Time | Preparation Hours |
|--------------|------|-----------|------|------------|----------|-------------------|
|              |      |           |      |            |          |                   |

Completion

|                         |                |                           |                 |
|-------------------------|----------------|---------------------------|-----------------|
| Performance Test:       | Not Applicable | Electrical Safety Test:   | Not Applicable  |
| PPM Agreed Date:        |                |                           |                 |
| Date/Time Work Started: |                | Date/Time Work Completed: | Downtime Hours: |
| Action Taken:           |                |                           |                 |
| Completed by :          | Date:          | Verified by :             | Date:           |
| Name & Sign             | Time:          | Name & Sign               | Time:           |

|                                |                                |
|--------------------------------|--------------------------------|
| 1st Verification Performed By: | 2nd Verification Performed By: |
| Signature                      | Signature                      |
| Name                           | Name                           |
| Date                           | Date                           |