



(WOMEN AND CHILDREN)  
KUALA LUMPUR

PREVENTIVE MAINTAINACE WORK



Work NO.	PMWWAC/B/2021/000058	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 C (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
		01/04/2021		

Requested Details:

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date	28/09/2018	End Date	27/09/2020
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.			Preparation Hours		
PPM Agreed Date:					
Date/Time Work Started:		Date/Time Work Started:		Downtime hours:	
Action Taken:					
Completed By: Name & Sign			Verified: Name & Sign		
Date:		Time:		Date:	
				Time:	

1st Vefification Performed By.

2nd Vefification Performed By.

Signature:		Signature:	
Name:		Name:	
Date:		Time:	



HOSPITAL TUNKU AZIZAH  
(WOMEN AND CHILDREN)  
KUALA LUMPUR



PREVENTIVE MAINTAINACE WORK

Work NO.	Date/Time
Work Group	WR Type
Period	
QC-PPM/RT	QC-Uptime

Asset No	Type Code
Asset Name	Location Name
Location code	Department Name
Asset Status	Asset Critically
Variation Status	Asset Condition
Brand/Model	Serial No.
Manufacturer	Vendor
Brand	
Service Agent	Service Life (Yrs.)
Contact Person	Phone No
Previous Work Date	Previous Repair Date

Task No	Description	Target Date	Next	Status
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Requested Details:

Preventive Work Request
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Contract/Warranty Information

Contractor/Company Name	
Contract/Warranty Start Date	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		Name & Sign	
	Time:		Time:
1st Verification Performed By:		2nd Verification Performed By:	
Signature		Signature	
Name		Name	
Date		Date	



(WOMEN AND CHILDREN)  
KUALA LUMPUR

PREVENTIVE MAINTAINACE WORK



Work NO.	PMWWAC/B/2021/000059	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 C (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
		02/04/2021		

Requested Details:

Preventive Work Request

Contract/Warranty Information

Contract/Warranty Start Date	28/09/2018	End Date	27/09/2020
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.			Preparation Hours		
PPM Agreed Date:					
Date/Time Work Started:		Date/Time Work Started:		Downtime hours:	
Action Taken:					
Completed By: Name & Sign			Verified: Name & Sign		
Date:		Time:		Date:	
				Time:	

1st Vefification Performed By.

2nd Vefification Performed By.

Signature:		Signature:	
Name:		Name:	
Date:		Time:	



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PREVENTIVE MAINTAINACE WORK

Work NO.	Date/Time
Work Group	WR Type
Period	
QC-PPM/RT	QC-Uptime

Asset No	Type Code
Asset Name	Location Name
Location code	Department Name
Asset Status	Asset Critically
Variation Status	Asset Condition
Brand/Model	Serial No.
Manufacturer	Vendor
Brand	
Service Agent	Service Life (Yrs.)
Contact Person	Phone No
Previous Work Date	Previous Repair Date

Task No	Description	Target Date	Next	Status
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Requested Details:

Preventive Work Request
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Contract/Warranty Information

Contractor/Company Name	
Contract/Warranty Start Date	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		Name & Sign	
	Time:		Time:
1st Verification Performed By:		2nd Verification Performed By:	
Signature		Signature	
Name		Name	
Date		Date	