



#### PREVENTIVE MAINTAINACE WORK

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Work NO. Work Group.

Date/Time

02/04/2020

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)

PMWWAC/B/2021/000069

**Location Name** 

Equipment Room 2

Location code

L5-OT-135

Department Name

Main Operation Theatre (

27/09/2020

(OTC)

**Asset Status** 

Active

**Asset Critically** 

**Variation Status** Brand/Model

Wno

**Asset Condition** Serial No.

Wdt Wdt

Manufacturer

Injectomat MC Agilia Fresenius Kabi AG

Fresenius Kabi AG

01/01/0001

Vendor

**Brand** 

Vendor

Service Agent

Service Life (Yrs.)

**Contact Person** 

Phone No

Previous Work Date

Previous Repair Date

Task No	Description	Target Date	Next	Status
		12/04/2021		

Requested Details:

**Preventive Work Request** 

Contract/Warranty Information

Contract/Warranty Start Date 28/09/2018

**End Date** 

Telephone No.

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

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	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
Date:	Time:	Dat	e:	Time:
1st Vefification Perform	rmed By.		2nd Vefifica	ation Performed By.
Signature:		Sigr	nature:	
Name:		Nar	ne:	
Date:		Tim	e:	





Work NO.					Dat	e/Time				
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				
Previous Work Date					Previous	Repair D	ate		600	_
Task No	Description	n		T	arget Date			Next	Status	┙
Requested Details:										_
Preventive Work Request										Ш
Contract/Warranty	Informa	tion								
Contractor/Company Nan	ne									
Contract/Warranty Start D							E	nd Date		
Telephone No.										
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Parts Details										
Description	6	иом	Qt	y Used(l	J)/ Returne	ed (Rt)				$\Box$
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Employee Details			5,500							_
Employee No.	Name	Task Code		Date	Start Tim	0	End Time	Prepara	ation Hours	$\neg$
Employee No.	Ivallie	lask code		Date	Start IIII	-	Liid iiiile	Гтерата	don nours	⊣
Completion			- 8					-		_
Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			$\neg$
PPM Agreed Date:	Аррисавіс			Licci	irical Salet	y rest. I	iot Applicable			ᅥ
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Date						Date				╝



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#### PREVENTIVE MAINTAINACE WORK

Work NO. Work Group. Period.	PMWWAC/B/2021/000070 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	<b>Asset Condition</b>	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

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## **Preventive Work Request**

Contract/Warranty Information

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

13/04/2021

Telephone No.

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

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	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
Date:	Time:	Dat	e:	Time:
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Work NO.					Dat	e/Time				
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				
Previous Work Date					Previous	Repair D	ate		600	_
Task No	Description	n		T	arget Date			Next	Status	┙
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Contract/Warranty	Informa	tion								
Contractor/Company Nan	ne									
Contract/Warranty Start D							E	nd Date		
Telephone No.										
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Parts Details										
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Employee Details			5,500							_
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Employee No.	Ivallie	lask code		Date	Start IIII	-	Liid iiiile	Гтерата	don nours	⊣
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Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			$\neg$
PPM Agreed Date:	Аррисавіс			Licci	arcar Saret	y rest. I	iot Applicable			ᅥ
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#### PREVENTIVE MAINTAINACE WORK

Date/Time Work NO. PMWWAC/B/2021/000071 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

14/04/2021

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 Star	ted:	Date/Time Work St	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
Date:	Time:	Dat	e:	Time:
1st Vefification Perform	rmed By.		2nd Vefifica	ation Performed By.
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Name:		Nar	ne:	
Date:		Tim	e:	





Work NO.					Dat	e/Time				
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				
Previous Work Date					Previous	Repair D	ate		600	_
Task No	Description	n		T	arget Date			Next	Status	┙
Requested Details:										_
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Contract/Warranty	Informa	tion								
Contractor/Company Nan	ne									
Contract/Warranty Start D							E	nd Date		
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Parts Details										
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Employee No.	Name	Task Code		Date	Start Tim	0	End Time	Prepara	ation Hours	$\neg$
Employee No.	Ivallie	lask code		Date	Start IIII	-	Liid iiiile	Гтерата	don nours	⊣
Completion			- 8					-		_
Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			$\neg$
PPM Agreed Date:	Аррисавіс			Licci	arcar Saret	y rest. I	iot Applicable			ᅥ
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#### PREVENTIVE MAINTAINACE WORK

Date/Time Work NO. PMWWAC/B/2021/000072 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

15/04/2021

Telephone No.

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

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	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
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Date:		Tim	e:	





Work NO.					Dat	e/Time				
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				
Previous Work Date					Previous	Repair D	ate		600	_
Task No	Description	n		T	arget Date			Next	Status	┙
Requested Details:										_
Preventive Work Request										Ш
Contract/Warranty	Informa	tion								
Contractor/Company Nan	ne									
Contract/Warranty Start D							E	nd Date		
Telephone No.										
Danta Dataila										
Parts Details										
Description	6	иом	Qt	y Used(l	J)/ Returne	ed (Rt)				$\Box$
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Employee Details			5,500							_
Employee No.	Name	Task Code		Date	Start Tim	0	End Time	Prepara	ation Hours	$\neg$
Employee No.	Ivallie	lask code		Date	Start IIII	-	Liid iiiile	Гтерата	don nours	⊣
Completion			- 8					-		_
Performance Test: Not	Applicable	r		Flect	rical Safet	v Test· N	lot Applicable			$\neg$
PPM Agreed Date:	Аррисавіс			Licci	arcar Saret	y rest. I	iot Applicable			ᅥ
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Date						Date				╝





#### PREVENTIVE MAINTAINACE WORK

Date/Time Work NO. PMWWAC/B/2021/000073 02/04/2020 Work Group. W2 WR Type In Warranty Period. QC-PPM/RT. Wno QC-Uptime 13-217 WB544006732A Type Code 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
		16/04/2021		

#### 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)
		-

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	arted:	Downtime hours:
Action Taken:				
Completed By: Name & Sign			ified: ne & Sign	
Date:	Time:	Dat	e:	Time:
1st Vefification Perform	rmed By.		2nd Vefifica	ation Performed By.
Signature:		Sigr	nature:	
Name:		Nar	ne:	
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Work NO.					Date/Tim	ie		
Work Group		WR Type						
Period								
QC-PPM/RT								
Asset No					Type Code			
Asset Name					Location Nam	ne		
Location code					Department N	Name		
Asset Status					Asset Criticall	y		
Variation Status					Asset Condition	on		
Brand/Model					Serial No.			
Manufacturer					Vendor			
Brand								
Service Agent					Service Life (Y	rs.)		
Contact Person					Phone No			
Previous Work Date				100	Previous Repa	air Date		20.700
Task No	Descriptio	n		Та	arget Date		Next	Status
Requested Details:								
Preventive Work Request								
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Contractor/Company Nar Contract/Warranty Start I Telephone No.							End Date	•
Parts Details								
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Employee Details			100					
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employee No.	Ivame	lask code		Date	Start Time	End Time	Prep	aration nours
Completion						<u> </u>		
Performance Test: Not	Applicable	2		Elect	rical Safety Test	: Not Applica	able	
PPM Agreed Date:			944	Market Control			1011000	y
Date/Time Work Started:			Date	e/Time W	ork Completed	:		Downtime Hours:
Action Taken:								
	Date: Date					Date:		
Completed by :		Verified by :					TO DE POSICIO	
Name & Sign		Name & Sign Time:						Time:
1st Verification Performe	d By:			18	2nd Verifi	cation Perforr	ned By:	
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