

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PW-371970	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD BATU MANIKAR.	Clinic Code	WPL007
BE No	WPL000510	District	WP. LABUAN
BE Category	LIGHT EXAMINATION	WO Assigned to	che mohennos
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> New & Purchased Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM) <input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken

↳ PPM was carried out as per Checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	10 00	10 15

Customer Remarks

Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Stamp
 15/2/18	MAZIANA BT YUNUS JURURAWAT MASYARAKAT U24 No. LIM : 9691 15.02.2018

For Internal Use only

First Verification
QMS Circle Incharge

JULIUS DIANSON
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Light, Examination

BE CODE : 12-276

CHECKLIST NO: CL-091
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ JAW 0371970 ASSET NO ▶ WPL 000570
MANUFACTURER ▶ NA MODEL ▶ PLK
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0.80

PART 2 SPECIAL PRECAUTION

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.

Wear appropriate Personnel Protection Equipment (PPE) during work.

Wear grounded electrostatic wristband when handling PCB or electronic components.

Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.

Make sure the test equipment used are duly calibrated.

PART 3 TEST APPARATUS

Tick (/) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	TECCA 0085	ELECTRICAL SAFETY ANALYZER	3222039	10/11/19
	NA	LUX METER	NA	NA

PART 4 QUALITATIVE TASKS

Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	7 Easy handling of all the articulation - verify performance	(/)	()	()
2 Fittings/Connectors - verify integrity	(/)	()	()	8 Maneuver stability - verify balance	(/)	()	()
3 Controls/Switches - verify proper operation of controls	(/)	()	()	9 Stand by power - verify operation	()	()	(/)
4 Indicators/ Displays - verify proper illumination and operation	()	()	(/)	10 Circular appearance of the light path - verify performance	(/)	()	()
5 Brightness Control - verify operation	()	()	(/)	11 Check light focus	()	()	(/)
6 Lighthouse - verify fixation	(/)	()	()	12 Suspension - verify fixation	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Lenses/Heat Filter - Check and clean	(/)	()	()	4 Bulb holder - Check / replace***	(/)	()	()
2 Cleanliness - Clean the exterior and interior of the equipment	(/)	()	()				
3 Bulb - Check / replace***	(/)	()	()				

Notes:

* For all Parts, NA is defined as NOT APPLICABLE

**If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable



Quantum Medical Solutions sdn bhd
Solutions for your medical equipment

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Light, Examination
BE CODE : 12-276

CHECKLIST NO: CL-081
REV.000

WORK ORDER NO ▶ PWO 371970

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Light intensity at 1 m distance	Lux		N/A		()	()	(✓)
	Not perform cause using unit							
	don't use LED Bulb.							

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

MAZIANA BT HINUS
JURURAWAT PUSYARAKAT U
No. LJM : 9691

15.02.2018



☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ N/A

NEXT PPM DATE ▶ 14/2/19

PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.

COMPLETED BY:

DATE:

15/2/18

Fluke Biomedical

Date 15/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227035
Date & Time 15/02/2018 & 10:06
JOB Name

DUT Information

Equipment Number WPL 000510
Serial Number
Manufacturer
Model
Location KD BATU MANIKAR
Other

Template Information

Template Name LIGHT, EXAMINATION
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 250V
Multi Enclosure Test NO


Standard IEC62353-Differential
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Restore WORST/LAST
Reverse Polarity YES
Classification I

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.14 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.5 V	-	-	P
Live to Earth	11.4 V	-	-	P
Neutral to Earth	240.3 V	-	-	P
Equipment Current	9.7 A	-	-	P
Differential Leakage				P
Normal Condition	15 uA	500	-	P
Normal Condition-Reversed mains	26 uA	500	-	P


Signature