

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	PW0372041	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	13/2/2018
Clinic Name	KD BUKIT KALAM	Clinic Code	WPL011
BE No	WPL000196	District	Wp. Laban
BE Category	SCALES, PATIENT	WO Assigned to	MOHD. ABUHAN
Ownership	<input 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 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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken

LD Do PM as per Checklist.

Schedule Maintenance Execution Details


SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		13/2/2018	12:00pm	12:30pm
			12:00pm	


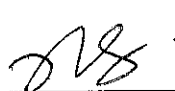
Customer Remarks

Engineer / Technician Signature Name Date 13/2/2018	Customer Signature Name Designation Date 13.2.2018 Stamp JURAINI AHMAD NURIA JURUPAHAT KESPMATAN USG(KUP) LIDA 24620
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For Internal Use only

First Verification
QMS Circle InchargeJUNUS HANISUN
BIOMEDICAL ENGINEER, QMS
019-3620179Final Verification
QMS State InchargeDICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transforming, stimulating, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical BE CODE : 18-457	CHECKLIST NO: CL-133 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <u>JA0372041</u>		ASSET NO ▶ <u>W1000196</u>		
MANUFACTURER ▶ <u>N 1</u>		MODEL ▶ <u>N 1m</u>		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ <u>0.5</u>		
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
		WEIGHTS (using 5kg)	KC 2017-641-1-2A	21/7/18
PART 4 QUALITATIVE TASKS				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	
3 Fittings/ Connectors - check all fittings/connectors	(/)	()	()	
4 Indicators - verify proper illumination and operation	()	()	(/)	
5 Platform - Verify physical integrity	(/)	()	()	
6 Calibration	(/)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE**	NA	
1 Clean the Exterior/Interior	(/)	()	()	
2 Adjust/align mechanical components	(/)	()	()	
3 Clean platform	(/)	()	()	

 Quantum Medical Solutions Sdn Bhd <small>Business Process Improvement, Quality Management, Training</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical BE CODE : 18-457	CHECKLIST NO: CL-133 REV.000						
WORK ORDER NO ▶ <u>pw0372041</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight	gms				()	()	()
		kg	55		±0.7kg	(✓)	()	()
						()	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601)								
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
PART 8 NOTES								
<div style="text-align: right;">  JURAINI AHMAD <small>REKURSA KLINIK KESIHATAN UNIVERSITI</small> <small>12/12/2018</small> </div>								
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING								
WORK ORDER NO ▶ <u>NA</u>		NEXT PPM DATE ▶ <u>12/2/2019</u>						
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY:								
DATE: <u>13/2/2018</u>								