

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	PA0373413	Scheduled Month	February 2018
Work Order Date	28/2/18	Completed Date	28/2/2018
Clinic Name	POLIKLINIK LAPUAN	Clinic Code	WP2006
BE No	WP257001	District	ER WP. LAPUAN
BE Category	Sterilizing Unit, Steam	WO Assigned to	MOHD ASHMAWI
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		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

## Action Taken

LD PPM was carried out per Checklist  
 LD PPM this unit cannot fully complete as per checklist cause  
 unit still in box and not been used - testing ESR

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	28/2/2018	1000	1000

## Customer Remarks

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Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Stamp

For Internal Use only

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



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist  
Sterilizing units, Steam, Tabletop  
BE CODE : 16-142

CHECKLIST NO: CL-149  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ Y20373413 ASSET NO ▶ WPNST1001  
MANUFACTURER ▶ W12 MODEL ▶ NCR  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / ) PPM HOURS ▶ 1.0

### 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
	<u>TECSD0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227035</u>	<u>10/1/19</u>
		PRESSURE METER		
	<u>/</u>	THERMOMETER	<u>/</u>	

### PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( / )	( )	( )	9 Over pressure cut of valve - Verify physical integrity	( / )	( )	( / )
2 Power Cord - verify proper insulation and integrity	( / )	( )	( )	10 Boviedick / Helix Test - Verify	( / )	( )	( / )
3 Strain Relief - verify physical integrity at both ends of line cord	( / )	( )	( )	11 Door lock - Verify physical integrity	( / )	( )	( / )
4 Fittings/ Connectors - check all fittings/connectors	( / )	( )	( )	12 Door gasket Verify physical integrity	( / )	( )	( )
5 Controls/Switches - verify proper operation of controls	( / )	( )	( / )	13 Check water tank leak	( / )	( )	( / )
6 Indicators/ Displays - verify proper illumination and operation	( / )	( )	( / )	14 Check drain valve -Physical integrity	( / )	( )	( )
7 Check fuse, circuit breaker	( / )	( )	( )	15 Safety feature - verify condition	( )	( )	( / )
8 Heater - verify physical Integrity	( / )	( )	( )	16 Calibration	( )	( )	( / )


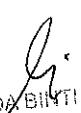
### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	( / )	( )	( )	4 Lubricate all moving parts	( / )	( )	( / )
2 Check / replace gasket ***	( / )	( )	( )				
3 Check/ clean solenoids	( / )	( )	( / )				

Notes:

\* For all Parts, NA is defined as NOT APPLICABLE  
\*\* If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable

 <small>Quantum Medical Solutions sdn bhd</small> <small>Ensuring quality, protecting safety, promoting learning life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Sterilizing units, Steam, Tabletop</b> <small>BE CODE : 18-142</small>	<small>CHECKLIST NO: CL-149</small> <small>REV.000</small>						
WORK ORDER NO ▶ <u>puo 373413</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
<small>Tick (✓) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature reading	°C				( )	( )	( )
2	Pressure reading	psi				( )	( )	( )
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <div><input checked="" type="checkbox"/> PASS</div> <div><input type="checkbox"/> FAIL</div> <div><input checked="" type="checkbox"/> NA</div> </div>								
<b>PART 8 NOTES</b>								
<div style="text-align: right;">   <b>ROSHAIDA BINTI HASHIM</b>  <small>Jurubawa (TBK) U32</small>  <small>No. LAM : 48672</small>  <u>28/2/18</u> </div>								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED           </div> <div> <input checked="" type="checkbox"/> FUNCTIONING           </div> <div> <input type="checkbox"/> NOT FUNCTIONING           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             WORK ORDER NO ▶ <u>NA</u> </div> <div>             NEXT PPM DATE ▶ <u>27/2/2019</u> </div> </div>								
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> <b>COMPLETED BY:</b> <div style="text-align: center;"> <b>MOHD. ASHMAWI B MOHD HISHAM</b>  <b>BIOMEDICAL TECHNICIAN, QMS</b>  <b>019-2634231</b> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>DATE:</b> <u>28/2/2018</u> </div> </div>								

# Fluke Biomedical

Date 28/02/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 3223035  
Date & Time 28/02/2018 & 10:16  
JOB Name

## DUT Information

Equipment Number WPNSTT 001  
Serial Number  
Manufacturer  
Model  
Location POLIKLINIK  
Other

## Template Information

Template Name STERILIZING UNITS  
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 Resstore 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	0.15 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.9 V	-	-	P
Live to Earth	10.9 V	-	-	P
Neutral to Earth	240.1 V	-	-	P
Equipment Current	12.1 A	-	-	P
Differential Leakage				P
Normal Condition	35 uA	500	-	P
Normal Condition-Reversed mains	51 uA	500	-	P

Signature

MOHD. ASHMAWIS MOHD NISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2334231