

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	pw0332200	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	12/2/2018
Clinic Name	KLINIK 1 MALAYSIA (TANJUNG MUTIARA)	Clinic Code	WPL00016
BE No	WPL000162	District	wp. Lahman
BE Category	NEURALISERS, NON-HEATED	WO Assigned to	Moffo-Asifman
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

↳ No PM as per Checklist

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAN & MOHD NISWAN BIOMEDICAL TECHNICIAN, QMS 019-2694231	12/2/2018	2:00pm	2:30pm


Customer Remarks

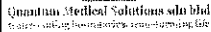
Engineer / Technician Signature Name Date MOHD. ASHMAN & MOHD NISWAN BIOMEDICAL TECHNICIAN, QMS 019-2694231 12/2/2018	Customer Signature Name Designation Date Stamp HAIZA MAIDIN Penolong Pegawai Perubatan U29
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For Internal Use only

First Verification
QMS Circle InchargeJULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179Final Verification
QMS State Incharge

DICKY LEE
SALES STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd transcending boundaries, transforming life	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Nebulizers , Non Heated BE CODE : 15-045	CHECKLIST NO: CL-102 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶	pw0372250			
MANUFACTURER ▶	RV			
FREQUENCY ▶	3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 050			
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
	TECSA 0085	ELECTRICAL SAFETY ANALYZER	3227039	10/1/19
PART 4 QUALITATIVE TASKS				
Tick (/) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	
2 Power Cord - verify proper insulation and integrity	(/)	()	()	
3 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	
4 Fittings/ Connectors - check all fittings/connectors	(/)	()	()	
5 Controls/Switches - verify proper operation of controls	(/)	()	()	
6 Indicators/ - verify proper illumination and operation	()	()	(/)	
7 Motor - verify physical Integrity	(/)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (/) where appropriate				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	(/)	()	()	
2 Clean tubings	(/)	()	()	
3 Check motor alignment	()	()	(/)	
4 Check output	(/)	()	(/)	
5 Check /replace filter	(/)	()	()	



BEMS Planned Preventive Maintenance Checklist

Nebulizers , Non Heated

BE CODE : 15-045

CHECKLIST NO: CL-102
REV.000

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60891)

☒ PASS☐ FAIL

□ NA

PART 8 NOTES

Lab Test Class II

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 11/27/2019

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

COMPLETED BY: JORD, ADRIENNE E WOOD HUNTER
MEDICAL CENTER, S.C.
5.1.894931

DATE: 12/2/2018

Fluke Biomedical

Date 12/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 0227029
Date & Time 12/02/2018 & 14:17
JOB Name

DUT Information

Equipment Number WPL 000162
Serial Number
Manufacturer
Model
Location K1M
Other

Template Information

Template Name NEBULIZER
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 II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	240.5 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	24 uA	100	-	P
Normal Condition-Reversed mains	46 uA	100	-	P

Signature

MOHD. ASHRAFI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2334931