

Scheduled Maintenance Work Order



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

Work Order No	puo372005	Scheduled Month	February 2018
Work Order Date	11/2/18	Completed Date	15/2/18
Clinic Name	KD PEBULUH	Clinic Code	WPL008
BE No	WPL0002642	District	Wt. Labuan
BE Category	ANALYZERS, LABORATORY, HIV, HEMOGLOBIN	WO Assigned to	Che Muhammed
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

→ PPM was carried out as per Checklist. PPM cannot be done because user not use unit anymore. for this unit cannot not supply by manufacturer and suggested user for BER.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1500	1515

Customer Remarks

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Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Stamp
[Signature] 15/2/18	[Signature] FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367 15-2-2018

For Internal Use only

First Verification
QMS Circle Incharge

JULIUSTINUSUN
BIOMEDICAL ENGINEER, QMS
019-3520179

Final Verification
QMS State Incharge

[Signature]
DICKY LEE
SAFETY STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist
Analysers, Laboratory, Blood, Hemoglobin
BE CODE: ME-005

CHECKLIST NO : CL-005
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *PWO372005* ASSET NO ▶ *WPL000 242*
MANUFACTURER ▶ *HemoCue* MODEL ▶ *Hemo*
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (☒) PPM HOURS ▶ *0.86*

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

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate



	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	6 Display - verify integrity	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
2 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	7 Lamp - verify proper operation	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
3 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	8 Check Battery cover & latch -Physical integrity	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
4 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	9 Check Charger - physical Integrity & Opeartion	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
5 Controls/ switches - verify proper operation	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)	10 Run Self calibration & Self test	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean and Inspect the Exterior/Interior	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)
2 Check/Replace Battery	(<input checked="" type="checkbox"/>)	()	(<input checked="" type="checkbox"/>)

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 <small>Empowering the Healthcare Sector, Ensuring the Future</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Analysers, Laboratory, Blood, Hemoglobin BE CODE: ME-005	CHECKLIST NO : CL-005 REV.000
WORK ORDER NO ▶ <u>pw0372005</u>		
PART 6 QUANTITATIVE TASKS		
Tick (✓) where appropriate		
No	Description	UOM Set Values Measured Values Limit/Tolerance Pass Fail NA
PART 7 ELECTRICAL SAFETY TEST		
ELECTRICAL SAFETY TEST, (attach report)		
(In accordance to IEC 61010)		
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA		
PART 8 NOTES		
<div style="text-align: right; padding-right: 50px;">  FAJARIA BINTI PETRUS JURURAWAT KESYAPAKAT U19 NO LJM: 30367 </div>		
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input checked="" type="checkbox"/> NOT FUNCTIONING		
WORK ORDER NO ▶ <u>NA</u>		NEXT PPM DATE ▶ <u>14/2/19</u>
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.		
COMPLETED BY:		
DATE : <u>15/2/18</u>		