

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	P00373403	Scheduled Month	FEBRUARY 2018	
Work Order Date	1/2/18	Completed Date	26/2/2018	
Clinic Name	KLINIK PERGIGIAN LABUAN	Clinic Code	WPL 001	
BE No	WPMIX002	District	WPL Labuan	
BE Category	MIXERS	WO Assigned to	Che Muhammed	
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 checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)		
	<input type="checkbox"/> Routine Inspection (RI)	<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 carried out as per Checklist.				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		26/2/2018	1430	1530
Customer Remarks				
Engineer / Technician Signature		Customer Signature		
Name		Name		
Date		Designation		
26/2/2018		HERMAN NOWI		
		Juruteknologi Pergigian		
		Klinik Pergigian Labuan		
		Date		
		Stamp		
		23/2/18		

For Internal Use only

 First Verification
 QMS Circle Incharge

 JULIUS MANSUN
 BIOMEDICAL ENGINEER, QMS
 019-3620179

 Final Verification
 QMS State Incharge

 DICKY LEE
 SABAH STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Mixers

BE CODE : 15-590

CHECKLIST NO: CL-100
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ **pw0343403** ASSET NO ▶ **#WPN MIX002**
MANUFACTURER ▶ **N/L** MODEL ▶ **N/L**
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
	TEE SA 0085	ELECTRICAL SAFETY ANALYZER	322 7039	20/1/19
	NA	TACHOMETER	NA	NA
		STOP WATCH	Standard	

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	7 Motor - verify physical integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()	8 Check labels -	(✓)	()	()
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/ Displays - verify proper illumination and operation	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA
1 Clean/Inspect the Exterior & Interior	(✓)	()	()
2 Lubricate bearings	()	()	(✓)
3 Check motor alignment	(✓)	()	()

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
Manufacturing, Maintenance, and Servicing

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Mixers

BE CODE : 15-560

CHECKLIST NO: CL-100
REV.000

WORK ORDER NO ▶ PN0373403

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Speed	rpm				()	()	(✓)
		rpm		NA		()	()	(✓)
		rpm				()	()	(✓)
2	Time	Minute	8	8	± 10%	(✓)	()	()
	Second	Minute	10	10	± 10%	(✓)	()	()
	Second	Minute	12	12	± 10%	(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(in accordance to IEC 60801)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 25/2/2019

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

COMPLETED BY:

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

DATE: 28/2/2018

Fluke Biomedical

Date 26/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227029
Date & Time 26/02/2018 & 14:59
JOB Name

DUT Information

Equipment Number WPNMIX 002
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name MIXERS
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	0.12 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.1 V	-	-	P
Live to Earth	11.3 V	-	-	P
Neutral to Earth	240.5 V	-	-	P
Equipment Current	10.5 A	-	-	P
Differential Leakage				P
Normal Condition	33 uA	500	-	P
Normal Condition-Reversed mains	49 uA	500	-	P

Signature