

Scheduled Maintenance Work Order


 Quantum Medical Solutions Sdn Bhd
 Transforming the boundaries of transforming life

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

Work Order No	373410	Scheduled Month	FEBRUARY 2018
Work Order Date	11/2/18	Completed Date	26/2/2018
Clinic Name	K. Pergigian Labuan	Clinic Code	WPA 001
BE No	WPPFA 0001	District	W.P. Labuan
BE Category	Bath, Paraffin, Dental	WO Assigned to	
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		Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken

↳ PPM was carried out as per Checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUND. ATILLAN	26/2/2018	14 00	14 30
	BIONMEDICAL TECHNICIAN, QMS			
	019-2672644			

Customer Remarks

Engineer / Technician Signature Name Date CHE MUND. ATILLAN BIONMEDICAL TECHNICIAN, QMS 019-2672644 26/2/2018	Customer Signature Name Designation Date Stamp HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 23/3/18
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For Internal Use only

 First Verification
 QMS Circle Incharge

 JULIUS LANSUN
 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

Baths, Paraffin, Dental

BE CODE : 99-001

CHECKLIST NO: CL-025
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 373 410 ASSET NO ▶ WRP001
MANUFACTURER ▶ M/L MODEL ▶ M/L
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ 0.5

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
1	TEESA 0085	ELECTRICAL SAFETY ANALYZER	3 227 029	10 / 1 / 19
2	TEESA 0030	DIGITAL THERMOMETER	304 303 42WS	09 / 11 / 18

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	7 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
2 Alarms/ Interlocks - check all alarms available	()	()	(/)	8 Controls/Switches - verify proper operation of controls	(/)	()	()
3 Heating element - verify proper operation	(/)	()	()	9 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
4 AC Plug - verify integrity	(/)	()	()	10 Fluid Reservoir compartment - verify physical integrity	(/)	()	()
5 Power Cord - verify proper insulation and integrity	(/)	()	()	11 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating	(/)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	12 Label - verify physical integrity	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate


	DONE	NOT DONE **	NA
1 Inspect, Clean Interior and Exterior	(/)	()	()

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>transforming healthcare, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Baths, Paraffin, Dental <small>BE CODE : 09-001</small>	CHECKLIST NO: CL-025 REV.000
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WORK ORDER NO ▶ 373416

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Temperature Accuracy	°C	50	48	± 5%	(✓)	()	()

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 ▶ 28/2/2019

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

COMPLETED BY:

HERMAN NOWI
 ELECTRICAL TECHNICIAN, CEM
 019-2571214


HERMAN NOWI
 Juruteknologi Pergigian
 Klinik Pergigian Labuan
28/2/18

DATE: 26/2/2018

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 8227039
Date & Time 26/02/2018 & 14:19
JOB Name

DUT Information

Equipment Number WPPBAD 001
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name BATH, PARAFFIN
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	0.13 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.6 V	-	-	P
Live to Earth	11.0 V	-	-	P
Neutral to Earth	240.2 V	-	-	P
Equipment Current	10.1 A	-	-	P
Differential Leakage				P
Normal Condition	23 uA	500	-	P
Normal Condition-Reversed mains	42 uA	500	-	P


Signature