Form B03

Scheduled Maintenance Work Order



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

| | 55 - 1/44 | School | uled Month | 4 CRUARY | $\bigcap \alpha_i Q_i$ | |
|--|--|--------------------------------|--|--|--|--|
| Work Order No | 373410 | | | | 2018 | |
| Work Order Date | 01/2/18 | <u>`</u> | eted Date | 26/2/2018 | | |
| Clinic Name | K. Verongian Laboran | Clinic | | W/2001 | | |
| BE No | with pool | | District VY - Lakan | | | |
| BE Category | Kath, Paratin, Dantal | | ssigned to | | | |
| Ownership | Existing Equipment | ,, | lew & Purchased E | quipment | | |
| BE Condition | ☐ Under Warranty | ☐ BER Proposed | | | | |
| | Preventive Maintenance (PM) | T | hird Party Calibrati | on (TPC) | | |
| Work Order Type | Routine Inspection (RI) | | Statutory Certification | n (SC) | | |
| BE Third Party Ca | alibration / Statutory Certification De | tails | | | | |
| `ompany Name | | Cal / C | Cert Date | I MA | | |
| Contact Number | N* | Cal / C | Pert Expiry Date | | | |
| • | was carried out as | | | | And the second s | |
| | iance Execution Details | | | | | |
| | | | Date | Start Time | End Time | |
| Schedule Mainten | nance Execution Details | | Date No (2/2018 | Start Time | End Time | |
| Schedule Mainten | iance Execution Details QMS Engineer / Technician Name | | and the same of th | | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | |
| Schedule Mainten | iance Execution Defails QMS Engineer / Technician Name GAE MOPO, AND LAST 210 MOPO, TERMINORM, SERVING | | and the same of th | | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | |
| Schedule Mainten | iance Execution Details QMS Engineer / Technician Name | | and the same of th | | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | |
| Schedule Mainten | CAE MUHO, AGLEAG 2/07/2019 Technician Name | | and the same of th | | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | |
| Schedule Mainten Si No | CAE MUHO, AGLEAG 2/07/2019 Technician Name | | and the same of th | | 1430 | |
| Schedule Mainten Si No Customer Remark | GAE MUPO. ASSESSED AND ASSESSED AND ASSESSED | | 26/2/2018 | | 1430 | |
| Schedule Mainten Si No Customer Remarks | OMS Engineer / Technician Name ONE MONO. ACLEAN DIGITALINATION STREET, STRE | Custo | No (2/2018 mer Signature | 14 00 | 1430 | |
| Schedule Mainten SI No Customer Remarks Engineer / Technic | Cas Mulio. Addition Cas Mulio. Addition Cas Mulio. Addition 210.02010.00 Technician Name Stan Signature W. | Custo | Mo (2/2018 mer Signature | 14 00 ERMAN NOWI | LINGSON Klinik Kesihe K | |
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| Schedule Mainten SI No Customer Remarks Engineer / Technic | GAE MUND. ATILLAN CHE MUND. ATILLAN CHE MUND. ATILLAN | Custo Name Desig Date | mer Signature Hation Jurut Klinik | ERMAN NOWI reknologi Pergigiat Pergigian Labua | Ingan Kinik Kesiha an Rei 087-59600 | |
| Schedule Mainten SI No Customer Remarks Engineer / Technic | CHE MUND. ATILLAN GHE MUND. ATILLAN GHE MUND. ATILLAN GHE MUND. ATILLAN BIOMEDICAL TECHNICIAN, CMS | Custo Name Desig | mer Signature Hation Jurut Klinik | ERMAN NOWI reknologi Pergigiat Pergigian Labua | Tingset Klinik Kesihere Feij Surat 8014 Tei: 087.550cc | |

For internal Use only

First Verification

QMS Circle Incharge

IUKIŪS LYANSUN BIOMEDICAL ENGINEER, QMS 019-3620179

Final Verification QMS State Incharge

> SABAH STATE MANAGER QUANTUM MEDICAL SOLUTIONS SON BHD



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Baths, Paraffin, Dental BE CODE: 99-001

PART 1 ASSET DETAILS

CHECKLIST NO:CL-025 REV.000

| NAME OF STREET O | CONTRACTOR OF ACCUSED TO THE PARTY OF THE PA | PATROPOLITATION AND THE PROPERTY OF THE PARTY OF THE PART | 电影的大型的大型的大型电影的大型的大型的大型 | AND AND PROPERTY OF THE PROPER | THE REPORT OF THE PARTY OF THE | A STATE OF THE PARTY OF THE PAR | | |
|--|--|--|--|--|--|--|--|--|
| WORK ORDER NO PWO | 373 412 |) | | ASSET NO | - WAPBAR | 1001 | | |
| MANUFACTURER ► M/L | , | | | MODEL | - MADDAD | | | |
| FREQUENCY > 3 MONT | THLY () 6 | MONTHLY () | 12 MONTHLY | (/) PPM HOURS | · 0.5 | | | |
| PART 2 SPECIAL PRECAUTION | | | 8 4 2 | | , | | | |
| If there is evidence of body fluid contan | | | d decontamination b | before inspecting it. | | | | |
| Wear appropriate Personnel Protection | | - | | | | | | |
| Wear grounded electrostatic wristband | - | · | , | | | | | |
| Refer to the safety procedure for additional statement used are | | guidance as per man | nufacturer guidelines | 5. | | | | |
| Make sure the test equipment used are PART 3 TEST APPARATUS | oury calibrated. | | | | | | | |
| Tick ($\sqrt{\ }$) where appropriate | | | | | | | | |
| NO ASSET NO | | DESCRIPTION | | SERIAL NO | CALIBRATIC | CALIBRATION DUE ON | | |
| 1 TEESA 00 85 | ELECTRICAL SAFE | | 140-141-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | 3 2 227 0 29 | | | | |
| 2 TEE 12 00 30 | | | | 304303424 | US 09 / M | 1/18 | | |
| 25 U | | | | 204 203 120 | / | | | |
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| | | Manual Control of the | | A STATE OF THE STA | | *************************************** | | |
| | | | | | | | | |
| PART 4 QUALITATIVE TASKS | | | | | 7 | | | |
| Tick ($\sqrt{\ }$) where appropriate | p. 4.4. | EAU | | | N | | | |
| | PASS | FAIL NA | | • | PASS FAII | L NA | | |
| Chassis - verify physical integrity, cleanliness and condition | (/) | () () | 7 Fittings/ Conne fittings/connect | ectors - check all tors | (/)(|) () | | |
| Alarms/ Interlocks - check all alarm available | ns () | () (/) | 8 Controls/Switch | nes - verify proper operation of | (/)(|) () | | |
| 3 Heating element - verify proper operation (/) () (| | | 9 Indicators/ Disp and operation | olays - verify proper illumination | (/)(|) () | | |
| 4 AC Plug - verify integrity () () (| | | · | compartment - verify physical | (|) () | | |
| 5 Power Cord - verify proper insulation | on and (/) | () () | | / Fuse - verify integrity of extern | ral (/) (|) () | | |
| integrity | `// | | circuit breaker | | | / \ | | |
| 6 Strain Relief - verify physical integ both ends of line cord | rity at (/) | () () | 12 Label - verify pl | nysical integrity | (/)(|) () | | |
| PART 5 PREVENTIVE-MAINTENANCE TASKS | | | | | | | | |
| Fick (\checkmark) where appropriate | Man of Page 1 | A THE PARTY OF THE | | | The state of the s | | | |
| | DONE | NOT DONE NA | | | | } | | |
| 1 Inopani Olassiani in incini | | ** | | | | | | |
| Inspect , Clean Interior and Exterior | (/)(| .)() | | | | | | |
| | | N | ** If you have t | NA is defined as NOT APPLIC icked 'NOT DONE', then justify chever applicable | | ļ | | |
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Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Baths, Paraffin, Dental

aintenance Checklist CHECKLIST NO:CL-025
REV.000

| transvending be | tendarins, transiboristig ilfo | | | Baths, Pa | araffin, D DDE: 99-00 | | | | | | |
|-----------------|--------------------------------|-----------------------------|--|-------------------------|--------------------------|-------------------------------|---|------------------------|--------|--------|--------|
| WORK O | RDER NO > | 37341 | 5 | | | | | | | | |
| | QUANTITATIVE T | ASK9 | The second second second | | | | r e | | | | |
| | here appropriate | | | Units / | Set | Measured | I | <u> </u> | | | |
| No | | Description | | UOM | Values | Values | Limit/Tolerance | | | NA | -, |
| 1 | Temperature Accu | racy | *** · · · · · · · · · · · · · · · · · · | °C | 50 | 48 | ± 5% | |)(|)(|) |
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| PART 7 | ELECTRICAL SAF | ETYTEST | | | | | | | | | |
| ELECTRIC | CAL SAFETY TEST | , (attach report) | | | 100 | inness illens si veccinine di | A THE COLUMN TO | 1. | | | |
| (| (In accordance to IEC 6) | 0601) | | | | | | | | | |
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| PART 8 | NOTES | | | | | the Special Control | | | | | |
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| | | CORRECTIVE MAINTEI | VANCE REQUIRED | | | FUNCTIONII | NG [] | NOT FUNCTION | ING | | |
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| WORI | KORDER NO 🕨 | | · ''(| | | | | NEXT PPM DATI | E 🏲 " | 25/ | 2/20/9 |
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| COMPLET | | accordance to the check | 9744776 763836438 | s, where a company | | e intended pui | rpose. | CX. | | | |
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| DATE: | 26/2 | 12018 | | | | | Klin | ik Pergigian フンパスルス | Labu | an | |
| | | | | | | | | | | | |

Fluke Biomedical

Date 26/02/2018

Test Setup

Operator ID Calibration Tech

Calibration Date Firmware Version Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01 3 2 2 7 0 3 7 26/02/2018 & 14:19 **DUT Information**

Equipment Number Serial Number Manufacturer Model Location Other

WPPBAD 001

KLINIK PERGIGIAN

Template Information

Template Name Pause after Power ON BATH, PARAFFIN NO Power ON delay RAPID Test Speed Halt on Test Failure YES YES Include Time Insulation Resistance Voltage 250V Multi Enclosure Test

Standard

Pause before Power OFF Power OFF delay Test Mode Multi PE Test Multi Resstore Reverse Polarity Classification

IEC62353-Differential NO

0 AUTO NÖ WORST/LAST YES

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

Signature