

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref: - QMS/TSD-022 Rev.00

Work Order No.	PWO297694	Schedule Month	December 2017
Work Order Date	01/12/2017	Completed Date	
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Sur	Clinic Code	PNG102
BE No.	PNG009292	Distict	SEBERANG PERAI UTARA
BE Category	Radiographic Units, Dental	WO Assigned to	Firdaus
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	
BE Condition	<input checked="" type="checkbox"/> Active	<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	Alpha Centennial	Cal / Cert Date	11/7/17
Contact Number		Cal / Cert Expiry Date	10/7/19

Action Taken

- procedure as per checklist
- system in working condition

Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ALIFF FIRDAUS BIN ABDULLAH			
	(Radiation Protection Officer)			
	Quantum Medical Solutions Sdn Bhd			
	012-3963521			

Customer Remarks

Engineer / Technician Signature		Customer Signature	
Name	ALIFF FIRDAUS BIN ABDULLAH	Name	DR. NOOR HISHAM BINTI SAAD
Date	(Radiation Protection Officer) Quantum Medical Solutions Sdn Bhd 012-3963521	Designation	MDC Reg. No. 4029 PEGAWAI PERGIGIAN Y.M. KLINIK PERGIGIAN SUNGAI BUA
		Date	
		Seal	

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist
Radiographic units, Dental
BE CODE : 13-269

CHECKLIST NO: CL-117
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO297694 ASSET NO ▶ PNG009292
MANUFACTURER ▶ Brained X MODEL ▶ 034
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (✓) 12 MONTHLY () PPM HOURS ▶ 2.0

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
1	NA	ELECTRICAL SAFETY ANALYZER	NA	
2	REFER ATTACHMENT	KVP METER	REFER ATTACHMENT	REFER ATTACHMENT
3		mA METER		

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	10 Indicators/Displays - verify proper illumination and operation	(✓)	()	()
2 Mount/Fasteners - verify physical integrity	(✓)	()	()	11 Over exposure safety contactor- Verify physical integrity	(✓)	()	()
3 Casters/Brakes - if mounted, verify physical integrity	(✓)	()	()	12 PCB Boards - verify physical integrity	(✓)	()	()
4 Power Cord - verify proper insulation and integrity	(✓)	()	()	13 Exposure switch - Verify operation	(✓)	()	()
5 Strain relief - verify physical integrity at both ends of the line cord	(✓)	()	()	14 Visual exposure indicator - Verify operation	(✓)	()	()
6 Electronic cabinet	(✓)	()	()	15 Audible exposure signal - Verify operation	(✓)	()	()
7 Circuit Breaker/Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()	16 Tube movement - Verify integrity and Operation	(✓)	()	()
8 Fittings/Connectors - check all fittings/connectors	(✓)	()	()	17 Calibration	()	()	(✓)
9 Controls/Switches/Keypad - verify proper operation of controls	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Cleanliness - Clean interior and exterior of the equipment	(✓)	()	()	<p>* For all Parts, NA is defined as NOT APPLICABLE</p> <p>** If you have ticked 'NOT DONE', then justify in Part 8</p> <p>*** Choose Whichever Applicable</p>



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PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	kV - Refer attachment	kV						
2	mA - Refer attachment	mA						
3	Time - Refer attachment	sec						

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐

PASS

☐

FAIL

☒

NA

PART 8 NOTES

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

☐

CORRECTIVE MAINTENANCE REQUIRED

☒

FUNCTIONING


☐

NOT FUNCTIONING

WORK ORDER NO ► PWO297694

NEXT PPM DATE ► Jun-18

COMPLETED BY:


ALIFF FIRDAUS BIN ABDULLAH
(FIRDAUS) *Radiation Protection Officer*
Quantum Medical Solutions Sdn Bhd
012-3963521

DATE : 29/09/2016