

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	PW0372037	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	13/2/2018
Clinic Name	KD BUKIT KALAM	Clinic Code	WKL011
BE No	WKL000 205	District	Wp. Labuan
BE Category	LIGHT EXAMINATION	WO Assigned to	Moffa Asyraf
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

2 -> Do PM as per Checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		13/2/2018	1.00pm	1.30pm
	QMS ENGINEER / TECHNICIAN BIO MEDICAL ENGINEER (QMS) 019-3620179			

## Customer Remarks

Engineer / Technician Signature Name Date 13/2/2018	Customer Signature Name Designation Date Stamp JURAINI AHMAD REGIONAL RESPIRATION USUARY QMS 2018
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For Internal Use only

First Verification  
QMS Circle Incharge

JURAINI AHMAD  
BIO MEDICAL ENGINEER (QMS)  
019-3620179

Final Verification  
QMS State Incharge

DICKY LEE  
SAFETY STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD



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transforming lives, transforming life

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Light, Examination

BE CODE : 12-276

CHECKLIST NO: CL-091  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PWD 372037** ASSET NO ▶ **WFL000205**  
MANUFACTURER ▶ **N/A** MODEL ▶ **N/A**  
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
	<b>TEC 0085</b>	ELECTRICAL SAFETY ANALYZER	<b>3227039</b>	<b>10/1/19</b>
	<b>NA</b>	LUX METER	<b>NA</b>	<b>NA</b>

### PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	7 Easy handling of all the articulation - verify performance	(✓)	( )	( )
2 Fittings/Connectors - verify integrity	(✓)	( )	( )	8 Maneuver stability - verify balance	(✓)	( )	( )
3 Controls/Switches - verify proper operation of controls	(✓)	( )	( )	9 Stand by power - verify operation	( )	( )	(✓)
4 Indicators/ Displays - verify proper illumination and operation	( )	( )	(✓)	10 Circular appearance of the light path - verify performance	(✓)	( )	( )
5 Brightness Control - verify operation	( )	( )	(✓)	11 Check light focus	(✓)	( )	(✓)
6 Lighthouse - verify fixation	(✓)	( )	( )	12 Suspension - verify fixation	(✓)	( )	( )

### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

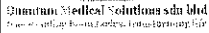
	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Lenses/Heat Filter - Check and clean	( )	( )	(✓)	4 Bulb holder - Check / replace***	(✓)	( )	( )
2 Cleanliness - Clean the exterior and interior of the equipment	(✓)	( )	( )				
3 Bulb - Check / replace***	(✓)	( )	( )				

Notes:

\* For all Parts, NA is defined as NOT APPLICABLE

\*\*If you have ticked 'NOT DONE', then justify in Part 8

\*\*\* Choose Whichever Applicable



### BEMS Planned Preventive Maintenance Checklist

### Light, Examination

BE CODE : 12-276

CHECKLIST NO: CL-091  
REV.000

WORK ORDER NO ▶ PAO 372037

Tick (✓) where appropriate

[illegible]

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☒ PASS☐ FAIL

□ NA

## PART 8. NOTES

JURAINI AHMAD  
KETUA JURUSAN KESEHATAN LINGKUNGAN  
TUMBUH 24420

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☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO. 11

NEXT PPM DATE ▶ 2/2/2018

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

COMPLETED BY:

DATE :

13/2/2018

# Fluke Biomedical

Date 13/02/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 3227039  
Date & Time 13/02/2018 & 13:16  
JOB Name

## DUT Information

Equipment Number WPL 000205  
Serial Number  
Manufacturer  
Model  
Location KD BUKIT KALAM  
Other

## Template Information

Template Name LIGHT, EXAMINATION  
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	0.11 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.7 V	-	-	P
Live to Earth	11.7 V	-	-	P
Neutral to Earth	240.3 V	-	-	P
Equipment Current	10.2 A	-	-	P
Differential Leakage				P
Normal Condition	27 uA	500	-	P
Normal Condition-Reversed mains	41 uA	500	-	P

Signature

MOND, ASHLEY B MOND NISHAM  
BIOMEDICAL TECHNICIAN, QMS  
019-2334231