

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	pw0332021	Scheduled Month	February 2018	
Work Order Date	1/2/18	Completed Date	15/2/18	
Clinic Name	KD Petrus.	Clinic Code	WPR008	
BE No	WPL 600328	District	Wj. Labuan	
BE Category	ANALYZERS, LABORATORY, BLOOD	WO Assigned to	buc muhammad	
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 type="checkbox"/> Preventive Maintenance (PM) <input type="checkbox"/> Third Party Calibration (TPC) <input checked="" 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	/ NA /		Cal / Cert Expiry Date	/ NA /
Action Taken ↳ PPM was carried out as per checklist.				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1245	1315
Customer Remarks				
Engineer / Technician Signature <i>Gal</i> Name Date 15/2/18		Customer Signature <i>faj</i> Name Designation FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367 Date Stamp 15.2.18		

For Internal Use only

First Verification
QMS Circle InchargeJOHN LANSUN
BIOMEDICAL ENGINEER, QMS
019-5210179Final Verification
QMS State Incharge

DICKY LEE
 STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist
Analysers, Laboratory, Blood, Hemoglobin
BE CODE: ME-005

CHECKLIST NO : CL-005
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO372521 ASSET NO ▶ WPL 000 328
MANUFACTURER ▶ Hemo Care MODEL ▶ Hemo Hb 2014
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
	<u>PET 0086</u>	<u>3227029 ETT</u>	<u>3227029</u>	<u>10/01/19</u>

PART 4 QUALITATIVE TASKS

Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	6 Display - verify integrity	(/)	()	()
2 Power Cord - verify proper insulation and integrity	(/)	()	()	7 Lamp - verify proper operation	(/)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	8 Check Battery cover & latch -Physical integrity	(/)	()	()
4 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()	9 Check Charger - physical Integrity & Opeartion	(/)	()	()
5 Controls/ switches - verify proper operation	(/)	()	()	10 Run Self calibration & Self test	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA
1 Clean and Inspect the Exterior/Interior	(/)	()	()
2 Check/Replace Battery	(/)	()	(/)

Notes: * For all parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8
*** Choose whichever applicable



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REV.000

WORK ORDER NO ▶ pwo 372029

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	UOM	Set Values	Measured Values	Limit/Tolerance	Pass	Fail	NA

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)


(In accordance to IEC 61010)

☒ PASS

☐ FAIL

☒ NA

PART 8 NOTES


FAJARIA BINTI PETRUS
JURURAWAT MASYARAKAT U19
NO LJM: 30367

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 14/2/19

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

COMPLETED BY:

DATE :

15/2/16

Fluke Biomedical

Date 15/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3222029
Date & Time 15/02/2018 & 12:54
JOB Name

DUT Information

Equipment Number WPL 000328
Serial Number
Manufacturer
Model
Location KD BEBULUH
Other

Template Information

Template Name ANALYZERS, LAB, HEMOGLOBIN
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 II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	240.3 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	14 uA	100	-	P
Normal Condition-Reversed mains	19 uA	100	-	P


Signature