

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	PW0371993	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD BERUMUT.	Clinic Code	WPL008
BE No	WPL002454	District	WP. Labuan
BE Category	SCALES, INFANT	WO Assigned to	che kumohmed
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"/> 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		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken LTD PPM was carried out as per Checklist.			
Schedule Maintenance Execution Details			
SI No	QMS Engineer / Technician Name	Date	Start Time
		15/2/18	1430
			1445
Customer Remarks			
Engineer / Technician Signature		Customer Signature	
Name		Name	
Date		Designation	
15/2/18		FAJARIA BINTI PETRUS	
		JURURAWAT MASYARAKAT U19	
		NO LJM: 30367	
		Stamp 15.2.2018	

For Internal Use only

First Verification
QMS Circle InchargeJULIUS LANGUN
BIOMEDICAL ENGINEER, QMS
019-3620179Final Verification
QMS State InchargeDICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Scales, Infant

BE CODE : 13-462

CHECKLIST NO: CL-131
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ **WU0371993** ASSET NO ▶ **WFL000254**
MANUFACTURER ▶ **SECO** MODEL ▶ **KL-D8N**
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/) PPM HOURS ▶ **0.28**

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
	NA	ELECTRICAL SAFETY ANALYZER	NA	NA
		WEIGHTS 5kg	gen det 2	
			rec 2017-2018 - 1-2A	24/11/18

PART 4 QUALITATIVE TASKS



Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Controls/Switches - verify proper operation of controls	()	()	(/)
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	9 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
3 Cables - verify integrity	()	()	(/)	10 Infant tray - Verify physical integrity	(/)	()	()
4 AC Plug - verify integrity	()	()	(/)	11 Calibration	()	()	(/)
5 Power Cord - verify proper insulation and integrity	()	()	(/)				
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(/)				
7 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean the Exterior/Interior	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Adjust/align mechanical components	(/)	()	()	
3 Clean Infant tray	(/)	()	()	

 Quantum Medical Solutions Sdn Bhd <small>Ensuring lasting health and better living for all</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Infant BE CODE : 13-482	CHECKLIST NO: CL-131 REV.000						
WORK ORDER NO ▶ <u>pw0371993</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight <u>Crwing 5kg</u>	<u>kg</u>	<u>NA</u>	<u>5kg</u>	<u>± 10%</u>	<u>(/)</u>	<u>()</u>	<u>()</u>
						<u>()</u>	<u>()</u>	<u>()</u>
						<u>()</u>	<u>()</u>	<u>()</u>
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report)								
(In accordance to IEC 60801)								
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
PART 8 NOTES								
<div style="text-align: center;">  FAJARIA BINTI PETRUS JURURAWAT MASYARAKAT U19 NO LJM: 30367 </div>								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div>								
WORK ORDER NO ▶ <u>NAK</u>						NEXT PPM DATE ▶ <u>14/2/19</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY:								
DATE: <u>15/2/18</u>								