

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	PO 322189	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	12/2/2018
Clinic Name	KLINIK 1 MALAYSIA (TAN MUTIARA)	Clinic Code	WPL 06
BE No	WPL 000551	District	WP. Labuan
BE Category	OPHTHALMOSCOPE	WO Assigned to	MOHD ASHMANI
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	NA	Cal / Cert Expiry Date	NA

## Action Taken

↳ Do PM as per Checklist.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD ASHMANI & MOHD NISAH BIOMEDICAL TECHNICIAN, QMS 019-2634231	12/2/2018	10.45am	11.10am

## Customer Remarks

Customer Remarks
------------------

Engineer / Technician Signature Name Date MOHD ASHMANI & MOHD NISAH BIOMEDICAL TECHNICIAN, QMS 019-2634231 12/2/2018	Customer Signature Name Designation Date Stamp HAZZA MAIDIN Penolong Pegawai Perubatan U29
--	--

For Internal Use only

First Verification  
QMS Circle Incharge

JUMUS LANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3610179

Final Verification  
QMS State Incharge

DICKY LEE  
SAHAJAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

BE CODE : 12-815

CHECKLIST NO: CL-104  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ **200372189** ASSET NO ▶ **CP2000551**  
MANUFACTURER ▶ MODEL ▶ **N/A**  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ **0.25**

### 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>N/A</b>	ELECTRICAL SAFETY ANALYZER	<b>N/A</b>	<b>N/A</b>

### PART 4 QUALITATIVE TASKS


Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	(✓)
2 Mount/ Fasteners - verify physical integrity	( )	( )	(✓)	8 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )
3 Cables - verify integrity	( )	( )	(✓)	9 Controls/Switches - verify proper operation of controls	(✓)	( )	( )
4 AC Plug - verify integrity	( )	( )	(✓)	10 Indicators - verify proper illumination and operation	( )	( )	(✓)
5 Power Cord - verify proper insulation and integrity	( )	( )	(✓)	11 Check Charger - verify proper operation	( )	( )	(✓)
6 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	(✓)	12 Check lamp holder	(✓)	( )	( )

### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )	4 Check/replace battery	(✓)	( )	( )
2 Clean lens dial	(✓)	( )	( )	5 Check / replace lamp	(✓)	( )	( )
3 Clean filters	(✓)	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			

 Quantum Medical Solutions Sdn Bhd <small>Registered Medical Equipment Supplier</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Ophthalmoscopes</b> BE CODE : 12-515	CHECKLIST NO: CL-104 REV.000						
WORK ORDER NO ▶ <u>120372189</u>								
<b>PART 6: QUANTITATIVE TASKS</b>								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
<b>PART 7: ELECTRICAL SAFETY TEST</b>								
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601)								
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA								
<b>PART 8: NOTES</b>								
<b>HAIZZA MAIDIN</b> Pending Repair Date: 11/2/2019								
<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING								
WORK ORDER NO ▶ <u>NA</u>						NEXT PPM DATE ▶ <u>11/2/2019</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: <u>MOHD. ADINAWATI MOHD NISAR</u> ELECTRICAL TECHNICIAN, QMS QMS MANAGER								
DATE: <u>12/2/2018</u>								