

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transforming boundaries, transforming life
Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PW-373422	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	27/2/2018
Clinic Name	KLINIK PERGIGIAN LABUAN	Clinic Code	WPL001
BE No	WPNINB001002	District	WP. Labuan
BE Category	Induction Burner	WO Assigned to	Mohd. Ashmawi
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"/> 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		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken

↳ PPM carried out as per Checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	27/2/2018	2.30pm	3.00pm

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Stamp

MOHD. ASHMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2634231

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

27/2/2018

27/2/18

KLINIK PERGIGIAN
Tingkat 1,
Klinik Kesihatan
Peti Surat 80544
87014, W.P. Labuan
Tel: 037-596000
Est 8033
W. P. LABUAN

For Internal Use only

First Verification
QMS Circle Incharge

JULIUS LIAISON
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Induction Burner, Wax

BE CODE : DE-036

CHECKLIST NO: CL-183
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 373422 ASSET NO ▶ WPNINB002
MANUFACTURER ▶ MODEL ▶
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
1	<u>TESGA 0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10 / 1 / 19</u>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

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

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate


	DONE	NOT DONE	NA
1 Inspect , Clean Interior and Exterior	(✓)	()	()
2 Align/Adjust - Mechanical components	(✓)	()	()

Notes:

* For all parts, NA is defined as NOT APPLICABLE

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

***Choose whichever applicable

 <p>Quantum Medical Solutions Sdn Bhd transforming bioindustry, transforming life</p>	<p align="center">Quantum Medical Solutions Sdn Bhd</p> <p align="center">BEMS Planned Preventive Maintenance Checklist</p> <p align="center">Induction Burner, Wax</p> <p align="center">BE CODE : DE-038</p>	<p>CHECKLIST NO: CL-183 REV.000</p>
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WORK ORDER NO ▶ PO 0393422

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ PASS
 ☐ FAIL
 ☐ NA

PART 8 NOTES

Class I & II

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 26/2/2019

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

COMPLETED BY: **MOHD. ASHMAWI B MOHD**
 MEDICAL TECHNICIAN
 019-2634231

HERMAN NOWI
 Juruteknologi Pergigian
 Klinik Pergigian Labuan

DATE: 27/2/2018

23/3/18

Fluke Biomedical

Date 27/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 222039
Date & Time 27/02/2018 & 14:39
JOB Name

DUT Information

Equipment Number WPNINB 002
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name INDUCTION BURNER
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 Restore 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	240.4 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	23 uA	100	-	P
Normal Condition-Reversed mains	37 uA	100	-	P

Signature

MCHD, ASHMANI S MCHD, D11SHAM
BIOMEDICAL TECHNICIAN, QMS
019-2534231