

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	PW0372512	Scheduled Month	FEBRUARY 2018	
Work Order Date	1/2/18	Completed Date	15/2/18	
Clinic Name	KD BERBULUH.	Clinic Code	WPL008	
BE No	WPL000255	District	WP Labuan	
BE Category	CLINICAL, PATIENT	WO Assigned to	ONE MUHAMMAD	
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)		
<b>BE Third Party Calibration / Statutory Certification Details</b>				
Company Name	AA	Cal / Cert Date	AA	
Contact Number		Cal / Cert Expiry Date		
<b>Action Taken</b> PPM was carried out as per Checklist.				
<b>Schedule Maintenance Execution Details</b>				
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1600	1615
Customer Remarks				
Engineer / Technician Signature Name: [Signature] Date: 15/2/18		Customer Signature Name: [Signature] Designation: FAJARIA BINTI PETRUS Date: JURURAWAT MASYARAKAT U19 NO LJM: 30367 Stamp: 15/2/18		

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First Verification  
QMS Circle InchargeJULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3670179Final Verification  
QMS State Incharge
  
**JICKY LEE**  
 SABAH STATE MANAGER  
 QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transforming healthcare, redefining life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Scales, Patient, Platform, Mechanical</b> BE CODE : 18-457	CHECKLIST NO: CL-133 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <b>pws32073</b>		ASSET NO ▶ <b>WPL000285</b>		
MANUFACTURER ▶ <b>Health Care</b>		MODEL ▶ <b>2/2</b>		
FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( <input checked="" type="checkbox"/> )		PPM HOURS ▶ <b>0.20</b>		
<b>PART 2 SPECIAL PRECAUTION</b>				
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.				
<b>PART 3 TEST APPARATUS</b>				
Tick ( <input checked="" type="checkbox"/> ) where appropriate				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
		WEIGHTS	5kg	
			ice 2017-641-1-2A	24/7/18
<b>PART 4 QUALITATIVE TASKS</b>				
Tick ( <input checked="" type="checkbox"/> ) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	
2 Mount/ Fasteners - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	
3 Fittings/ Connectors - check all fittings/connectors	( <input checked="" type="checkbox"/> )	( )	( )	
4 Indicators - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( )	
5 Platform -Verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	
6 Calibration	( )	( )	( <input checked="" type="checkbox"/> )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
Tick ( <input checked="" type="checkbox"/> ) where appropriate				
	DONE	NOT DONE**	NA	
1 Clean the Exterior/Interior	( <input checked="" type="checkbox"/> )	( )	( )	
2 Adjust/align mechanical components	( <input checked="" type="checkbox"/> )	( )	( )	
3 Clean platform	( <input checked="" type="checkbox"/> )	( )	( )	

 Quantum Medical Solutions Sdn Bhd <small>Quality Management System</small>	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical BE CODE : 18-457	CHECKLIST NO: CL-133 REV.000						
WORK ORDER NO ▶ <u>pw0372 93</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight	gms	±	±	± 0.8	✓	( )	( )
						( )	( )	( )
						( )	( )	( )
<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>								
<div style="text-align: right; padding-right: 50px;">   <b>FAJARIA BINTI PETRIUS</b>          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>MA</u>						NEXT PPM DATE ▶ <u>14/2/17</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>								