

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	200372229	Scheduled Month	February 2018
Work Order Date	1/2/18	Completed Date	12/2/2018
Clinic Name	KLINIK 1 MALAYSIA (JNN MUTIARA)	Clinic Code	WPL 016
BE No	006024140	District	Labuan
BE Category	LARYNGOSCOPES, Rigid	WO Assigned to	Moffo-AST/MRWI
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		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken

↳ Do PM as per ~~Check~~ Checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOND, HAZIZA & MOND HAZIZA BIOMEDICAL TECHNICIAN, QMS 019-2834231	12/2/2018	11.30am	11.45am

Customer Remarks

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

12/2/2018

HAZZA MAIDIN
Penolong Pegawai Perubatan U29


For Internal Use only


First Verification
QMS Circle Incharge

JUNUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transcending boundaries. transforming life.</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Laryngoscopes, Rigid BE CODE : 15-076	CHECKLIST NO: CL-087 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>pw 0372229</u>		ASSET NO ▶ <u>wpl 024/140</u>					
MANUFACTURER ▶		MODEL ▶ <u>N 02</u>					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ <u>0-25</u>					
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	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	8 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(<input checked="" type="checkbox"/>)
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	9 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()
3 Cables - verify integrity	()	()	(<input checked="" type="checkbox"/>)	10 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
4 AC Plug - verify integrity	()	()	(<input checked="" type="checkbox"/>)	11 Check Charger - verify proper operation	()	()	(<input checked="" type="checkbox"/>)
5 Power Cord - verify proper insulation and integrity	()	()	(<input checked="" type="checkbox"/>)	12 Check lamp holder	(<input checked="" type="checkbox"/>)	()	()
6 Indicators/ Displays - verify proper illumination and operation	()	()	(<input checked="" type="checkbox"/>)	13 Check blade lock - Physical integrity	(<input checked="" type="checkbox"/>)	()	()
7 Strain Relief - verify physical integrity at both ends of line cord	()	()	(<input checked="" type="checkbox"/>)				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE **	NA	Notes:			
1 Clean the exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Check/replace battery	(<input checked="" type="checkbox"/>)	()	()				
3 Check / replace lamp	(<input checked="" type="checkbox"/>)	()	()				

 Quantum Medical Solutions sdn bhd Precision • Reliability • Performance • Service	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Laryngoscopes, Rigid BE CODE : 15-076	CHECKLIST NO: CL-087 REV.000				
WORK ORDER NO ▶ <u>PW0372229</u>						
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)						
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA						
PART 8 NOTES						
<div style="text-align: right;"> HAIZZA MAIDIN Penolong Pegawai Perubatan U29 </div>						
<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>DR. HAZZAH MAIDIN</u> ELECTRICAL TECHNICIAN, MBO 610-2696201						
DATE: <u>12/2/2018</u>						