

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	PO0372043	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	13/2/2018
Clinic Name	KD BUKIT KALAM	Clinic Code	WPL011
BE No	WPL000199	District	WP Labuan
BE Category	ANALYZERS, LABORATORY, BLOOD	WO Assigned to	MOHD. ASHMAWI
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
 ↳ Unit cannot be used cause ~~unit~~ ^{curve} not been supply anymore by manufacture. User will prepare supporting document for propose BER.

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	13/2/2018	10:30 am	11:00 am

Customer Remarks

Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 13/2/2018	Customer Signature Name Designation Date Stamp JURAINI AHMAD KETUA JURUTANPAT KESIHATAN ORKUTUP 13.2.2018 WAK 26420
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For Internal Use only

 JULIUS HARSUN
 BIOMEDICAL ENGINEER, QMS
 019-3620179

 First Verification
 QMS Circle Incharge

 Final Verification
 QMS State Incharge

 DICKY LEE
 SABAH STATE MANAGER
 QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist
Analysers, Laboratory, Blood, Hemoglobin

BE CODE: ME-005

CHECKLIST NO : CL-005
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PO0372043

ASSET NO ▶ W/L000199

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

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate


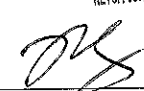
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	6 Display - verify integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()	7 Lamp - verify proper operation	(✓)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	8 Check Battery cover & latch -Physical integrity	(✓)	()	()
4 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()	9 Check Charger - physical Integrity & Opeartion	(✓)	()	()
5 Controls/ switches - verify proper operation	(✓)	()	()	10 Run Self calibration & Self test	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean and Inspect the Exterior/Interior	(✓)	()	()
2 Check/Replace Battery	(✓)	()	()

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>Transcribing, Imaging, Monitoring, Testing</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Analysers, Laboratory, Blood, Hemoglobin BE CODE: ME-005	CHECKLIST NO : CL-005 REV.000
WORK ORDER NO ► <u>PWO 372643</u>		
PART 6 QUANTITATIVE TASKS		
Tick (✓) where appropriate		
No	Description	UOM Set Values Measured Values Limit/Tolerance Pass Fail NA
	~ 12	
PART 7 ELECTRICAL SAFETY TEST		
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 61010) <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA		
PART 8 NOTES		
<div style="font-size: 2em; font-family: cursive;">CLASS II</div>		
JURAINI AHMAD <small>KETUA JURURAWAT KESIHATAN UTARA</small> <small>C.HA: 34420</small> 		
<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>12/2/2019</u>
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.		
COMPLETED BY: MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231		
DATE : <u>13/2/2018</u>		