

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	pw0372183	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	12/2/2018
Clinic Name	KUMK 1 MALAYSIA (Jmn MEIDA)	Clinic Code	WFL016
BE No	WFL000169	District	WFL - Labuan.
BE Category	SCALES, INFANT	WO Assigned to	WFL - Labuan.
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		Cal / Cert Expiry Date	

Action Taken

Do PM as per Checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	WONG, ASHIMAY & WONG, HONG BIOMEDICAL TECHNICIAN, QMS 019-2624331	12/2/2018	12.00pm	12.30pm

Customer Remarks

Engineer / Technician Signature Name Date WONG, ASHIMAY & WONG, HONG BIOMEDICAL TECHNICIAN, QMS 019-2624331 12/2/2018	Customer Signature Name Designation Date Stamp HAIZZA MAIDIN Penolong Pegawai Perubatan U29
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For Internal Use only

First Verification
QMS Circle Incharge

JULIUS MANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SABAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist

Scales, Infant

BE CODE : 13-462

CHECKLIST NO: CL-131
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ JAW0372187 ASSET NO ▶ WPL000169
MANUFACTURER ▶ NIK MODEL ▶ NIK
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
	NA	ELECTRICAL SAFETY ANALYZER	NA	NA
		WEIGHTS	KC 2017-644 - 2 kg	24/7/18

PART 4 QUALITATIVE TASKS



Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Controls/Switches - verify proper operation of controls	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	()	()	(/)	9 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
3 Cables - verify integrity	()	()	(/)	10 Infant tray -Verify physical integrity	(/)	()	()
4 AC Plug - verify integrity	()	()	(/)	11 Calibration	()	()	(/)
5 Power Cord - verify proper insulation and integrity	()	()	(/)				
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(/)				
7 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean the Exterior/Interior	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Adjust/align mechanical components	(/)	()	()	
3 Clean Infant tray	(/)	()	()	

 Quantum Medical Solutions Sdn Bhd <small>Ensuring the best and accurate, every day, every time</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Infant BE CODE : 13-462	CHECKLIST NO: CL-131 REV.000						
WORK ORDER NO ▶ <u>pw-372187</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight <u>Casing 5 (kg)</u>	<u>gms</u> <u>kg</u>	<u>NA</u>	<u>5</u>	<u>± 10%</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
						HAIZZA MAIDIN Penolong Pegawai Perubatan U29		
<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>16/2/2019</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <div style="text-align: center;">  <small>618-2004231</small> </div>								
DATE: <u>16/2/2018</u>								