

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	PWO372069	Scheduled Month	FEBRUARY 2018	
Work Order Date	12/12	Completed Date	13/2/2018	
Clinic Name	UD BUKIT KALAM	Clinic Code	WPC 011	
BE No	WPC00198	District	WP Loman	
BE Category	ANALYZER, LABORATORY, BLOOD HEMOGLOBIN	WO Assigned to	MOHA. KETAMAH	
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 ppm as per Checklist.				
Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		13/2/2018	12.30pm	1.00pm
Customer Remarks				
Engineer / Technician Signature Name Date 13/2/2018		Customer Signature Name Designation Date 13.2.2018 Stamp JURAINI AHMAD KEDUA JURURANT KESIHATAN BERKUALITI LJK 24420		

For Internal Use only

First Verification
QMS Circle InchargeJULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-2124479Final Verification
QMS State InchargeDICKY 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 Analysers, Laboratory, Blood, Hemoglobin <small>BE CODE: ME-005</small>	CHECKLIST NO : CL-005 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ <u>pw0372064</u>		ASSET NO ▶ <u>WPL000198</u>					
MANUFACTURER ▶ <u>N/A</u>		MODEL ▶ <u>N/A</u>					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)		PPM HOURS ▶ <u>0.5</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							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	<u>761814 0085</u>	<u>N/A EST</u>	<u>3227039</u>	<u>10/1/19</u>			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	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 & Opearation	(✓)	()	()
5 Controls/ switches - verify proper operation	(✓)	()	()	10 Run Self calibration & Self test	(✓)	()	()
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE**	NA				
1 Clean and Inspect the Exterior/Interior	(✓)	()	()	Notes: * 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	(✓)	()	()				

 Quantum Medical Solutions Sdn Bhd <small>Preserving human health, one device at a time</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
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WORK ORDER NO ▶ PW0372069

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	UOM	Set Values	Measured Values	Limit/Tolerance	Pass	Fail	NA

PART 7 ELECTRICAL SAFETY TEST


ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 61010)

Class I

☒ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

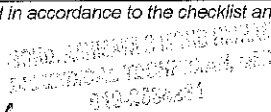
JURAINI AHMAD
 KETUA JURURAWAT KESIHATAN US2000P
 LJK: 24428


☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA
 NEXT PPM DATE ▶ 12/2/2019

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

COMPLETED BY:


 910-005001

DATE: 13/2/2018

Fluke Biomedical

Date 13/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227035
Date & Time 13/02/2018 & 12:59
JOB Name

DUT Information

Equipment Number WPL 000198
Serial Number
Manufacturer
Model
Location KD BUKIT KALAM
Other

Template information

Template Name ANALYZERS, LAB, HEMOGLOBIN
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 Resstore 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	240.5 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	17 uA	100	-	P
Normal Condition-Reversed mains	21 uA	100	-	P

Signature

WONG ASHIM HONG MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
619-2131231