

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	373416	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/16	Completed Date	27/2/2018
Clinic Name	KLINIK PERGIGIAN LABUAN	Clinic Code	WPL001
BE No	WPPAMA001	District	WP Labuan
BE Category	AMALGAMATOR	WO Assigned to	Ace Muhammed
Ownership	<input checked="" 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 checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<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

LD PM was carried out as per Checklist

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		27/2/2018	1400	1500

Customer Remarks

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



For Internal Use only

 First Verification
 QMS Circle Incharge

 JULIUS LIANSUN
 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

Amalgamator

BE CODE : 10-082

CHECKLIST NO : CL-002
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ 377418

ASSET NO ➤ ~~XXXXXXXXXXXX~~ 7/PA/A001

MANUFACTURER ▶ hls

MODEL ▶ *h(A)*

FREQUENCY ► 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (☒)

PPM HOURS ▶ 1.0

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	TEST 0085	ELECTRICAL SAFETY ANALYZER	3227039	10/1/19

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	9 Controls/Switches - verify proper operation of controls	(/)	()	()
3 Amalgam mixer test - verify operation	(/)	()	()	10 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
4 AC Plug - verify integrity	(/)	()	()	11 Alarms/ Interlocks - check all alarms available	(/)	()	(/)
5 Power Cord - verify proper insulation and integrity	(/)	()	()	12 Motor - verify proper operation	(/)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	13 Label - verify physical integrity	(/)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()	14 Safety feature - verify proper operation	(/)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (\checkmark) where appropriate

	DONE	NOT DONE **	NA
1 Inspect, Clean Interior and Exterior	(/)	()	()

Notes:

* For all parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose whichever applicable



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WORK ORDER NO ▶ 3834/16

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)

(In accordance to IEC 60601)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

EST Class II I

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 26/2/2019

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

COMPLETED BY:

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

DATE: 27/2/2018

27/3/18

Fluke Biomedical

Date 27/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 32270 X
Date & Time 27/02/2018 & 14:18
JOB Name

DUT Information

Equipment Number WPPAMA 001
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template information

Template Name AMALGAMATORS
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	240.4 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	25 uA	100	-	P
Normal Condition-Reversed mains	41 uA	100	-	P


Signature