

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PW0372501	Scheduled Month	February / 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD Beruang	Clinic Code	WPL008
BE No	WPL000252	District	Wp. Lohuan
BE Category	GALES, PATIENT	WO Assigned to	Che Muhammad
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	NA	Cal / Cert Expiry Date	NA

Action Taken

↳ PPM was carried out as per checklist.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		15/2/18	1445	1500

Customer Remarks

Engineer / Technician Signature

Name

Date

15/2/18

Customer Signature

Name

Designation

Date

Stamp 15.2.2018

FAJARIA BINTI PETRUS
JURURAWAT MASYARAKAT U19
NO LJM: 30367

For Internal Use only

First Verification

QMS Circle Incharge

JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification

QMS State Incharge

DICKY LEE
SAHAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD



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BEMS Planned Preventive Maintenance Checklist
Scales, Patient, Platform, Mechanical

BE CODE : 18-457

CHECKLIST NO: CL-133
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *pw0372501* ASSET NO ▶ *WPL000252*
MANUFACTURER ▶ *Dickson* MODEL ▶ *DHC 120*
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (☒) PPM HOURS ▶ *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
		WEIGHTS <i>weight 5kg</i>	<i>Standard</i>	
		<i>1kg 2017-641-1-2A</i>		<i>24/7/18</i>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()
3 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()
4 Indicators - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	()
5 Platform - Verify physical integrity	(<input checked="" type="checkbox"/>)	()	()
6 Calibration	()	()	(<input checked="" type="checkbox"/>)



PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean the Exterior/Interior	(<input checked="" type="checkbox"/>)	()	()
2 Adjust/align mechanical components	(<input checked="" type="checkbox"/>)	()	()
3 Clean platform	(<input checked="" type="checkbox"/>)	()	()

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>Is an accredited medical device manufacturing firm</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Patient, Platform, Mechanical <small>BE CODE : 18-457</small>	CHECKLIST NO: CL-133 REV.000						
WORK ORDER NO ▶ <u>pw0372001</u>								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight	gms	5	5 kg	± 0.8	(✓)	()	()
						()	()	()
						()	()	()
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; margin-top: 10px;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
 FAJARIA BINTI PETRUS JURURAWAT MASYAHAKAT U19 NO LJM: 30367								
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING </div> <div style="display: flex; justify-content: space-between;"> WORK ORDER NO ▶ <u>NA</u> NEXT PPM DATE ▶ <u>14/2/19</u> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: DATE: <u>15/2/19</u>								