

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	PWO150166312205	Scheduled Month	FEBRUARY 2018
Work Order Date	01/2/18	Completed Date	12/2/2018
Clinic Name	CUNIK 1 MALAYSIA (Tan Mutiara)	Clinic Code	WPL 016
BE No	WPL 000161	District	WP Labuan
BE Category	ASPIRATORS	WO Assigned to	Mr. H. A. Affandi
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
	MOHD. ASHRAFI & MOHD. MOHAMMAD BIOMEDICAL TECHNICIAN, QMS 010-2634231	12/2/2018	11-00am	11-30am

Customer Remarks

Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Stamp
 MOHD. ASHRAFI & MOHD. MOHAMMAD BIOMEDICAL TECHNICIAN, QMS 010-2634231	 HAIZZA MAIDIN Penolong Pegawai Perubatan U29


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First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
025-3320279

Final Verification
QMS State Incharge

DICKY 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 Aspirators BE CODE : 10-208	CHECKLIST NO: CL-021 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PO0100142		ASSET NO ▶ WPL000161					
MANUFACTURER ▶ 212		MODEL ▶ a14					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		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 (<input checked="" type="checkbox"/>) where appropriate							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	TE8DA 0083	ELECTRICAL SAFETY ANALYZER	3227039	10/1/19			
	NA	PRESSURE METER	NA	NA			
PART 4 QUALITATIVE TASKS							
Tick (<input checked="" type="checkbox"/>) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	9 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
3 Cables - verify integrity	(<input checked="" type="checkbox"/>)	()	()	10 Vacuum regulator- verify operation.	()	()	(<input checked="" type="checkbox"/>)
4 AC Plug - verify integrity	(<input checked="" type="checkbox"/>)	()	()	11 Suction Jar - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(<input checked="" type="checkbox"/>)	()	()	12 Motor - Verify physical integrity & operation.	(<input checked="" type="checkbox"/>)	()	()
6 Power Cord - verify proper insulation and integrity	(<input checked="" type="checkbox"/>)	()	()	13 Vacuum guage - Verify Operation	()	()	(<input checked="" type="checkbox"/>)
7 Strain Relief - verify physical integrity at both ends of line cord	(<input checked="" type="checkbox"/>)	()	()	14 Over flow protection valve - Verify physical integrity & operation	(<input checked="" type="checkbox"/>)	()	()
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (<input checked="" type="checkbox"/>) where appropriate							
	DONE	NOT DONE **	NA	Notes:			
1 Clean exterior and interior of the equipment	(<input checked="" type="checkbox"/>)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Tubings - check / replace ***	(<input checked="" type="checkbox"/>)	()	()				
3 Check/replace jar lid	(<input checked="" type="checkbox"/>)	()	()				

 Quantum Medical Solutions sdn bhd <small>Ensuring the best medical devices, keeping you safe</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Aspirators <small>BE CODE : 10-208</small>	CHECKLIST NO: CL-021 REV.000						
WORK ORDER NO ▶ <u>pw0100156</u>								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Pressure (max pressure)	bar MPa	NA	0.90	NA	(✓)	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA								
PART 8 NOTES								
<div style="text-align: right;">  HAIZZA MAIDIN Penolong Pegawai Perubatan U29 </div>								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED </div> <div> <input checked="" type="checkbox"/> FUNCTIONING </div> <div> <input type="checkbox"/> NOT FUNCTIONING </div> </div>								
WORK ORDER NO ▶ <u>WFA</u>						NEXT PPM DATE ▶ <u>11/2/2019</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: <u>MOHD. ASMAWATI MOHD. WISMAN</u> <small>BIOMEDICAL TECHNICIAN, GMS</small> <small>010-2554231</small> DATE: <u>12/2/2018</u>								

Fluke Biomedical

Date 12/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3223039
Date & Time 12/02/2018 & 11:16
JOB Name

DUT Information

Equipment Number WPL 000161
Serial Number
Manufacturer
Model
Location K1M
Other

Template Information

Template Name ASPIRATORS
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 Restore WORST/LAST
Reverse Polarity YES
Classification I

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.14 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	241.1 V	-	-	P
Live to Earth	12.1 V	-	-	P
Neutral to Earth	240.3 V	-	-	P
Equipment Current	10.8 A	-	-	P
Differential Leakage				P
Normal Condition	37 uA	500	-	P
Normal Condition-Reversed mains	51 uA	500	-	P

Signature

MOHD. ASHMANI B MOHD NISMAN
BIO MEDICAL TECHNICAL LTD
019-2034231

