

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	PW0371974	Scheduled Month	FEBRUARY 2018
Work Order Date	1/2/18	Completed Date	15/2/18
Clinic Name	KD BATU MANIKAR.	Clinic Code	WPL007
BE No	WPL000507	District	WP. LABUAN
BE Category	SCALES, INFANT	WO Assigned to	Ch. Arhamas
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"/> 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	0915	0945

Customer Remarks

Engineer / Technician Signature Name Date CHAI HUI D. ATILAN BIOMEDICAL ENGINEER, QMS 013-2672049 15/2/18	Customer Signature Name Designation Date Stamp MAZIANA BT YUNUS JURURAWAT MASYARAKAT No. LJM : 9691 15.02.2018
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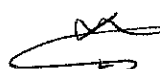

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First Verification
QMS Circle Incharge
JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SARAWAK STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>renewing boundaries. transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Scales, Infant BE CODE : 13-462	CHECKLIST NO: CL-131 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ pw0371974		ASSET NO ▶ WPL000507					
MANUFACTURER ▶ SECTA		MODEL ▶ 3341321004					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶ 0-50.					
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 (using 5kg)	PC 2017-641-1-24	21/7/18			
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(<input checked="" type="checkbox"/>)	()	()	8 Controls/Switches - verify proper operation of controls	(<input checked="" type="checkbox"/>)	()	()
2 Mount/ Fasteners - verify physical integrity	(<input checked="" type="checkbox"/>)	()	()	9 Indicators/ Displays - verify proper illumination and operation	(<input checked="" type="checkbox"/>)	()	()
3 Cables - verify integrity	()	()	(<input checked="" type="checkbox"/>)	10 Infant tray -Verify physical integrity	(<input checked="" type="checkbox"/>)	()	()
4 AC Plug - verify integrity	()	()	(<input checked="" type="checkbox"/>)	11 Calibration	()	()	(<input checked="" type="checkbox"/>)
5 Power Cord - verify proper insulation and integrity	()	()	(<input checked="" type="checkbox"/>)				
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(<input checked="" type="checkbox"/>)				
7 Fittings/ Connectors - check all fittings/connectors	(<input checked="" type="checkbox"/>)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE**	NA	Notes:			
1 Clean the Exterior/Interior	(<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 Adjust/align mechanical components	(<input checked="" type="checkbox"/>)	()	()				
3 Clean infant tray	(<input checked="" type="checkbox"/>)	()	()				

 Quantum Medical Solutions sdn bhd <small>Healthcare Solutions for a Better World</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>PWO 371974</u>								
PART 6 QUANTITATIVE TASKS								
Tick (✓) where appropriate								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Weight <u>(Using 5 kg)</u>	gms kg	NA	5 kg	± 10%	(/)	()	()
						()	()	()
						()	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 80601)								
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> NA </div>								
PART 8 NOTES								
<p><u>Using battery.</u></p> <div style="text-align: right; margin-top: 100px;">  MAZIANA BT YUNUS JURURAWAT MASYARAKAT No. UM : 9691 1502.2018 </div> <div style="text-align: right; margin-top: 10px;">  </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>NA</u>						NEXT PPM DATE ▶ <u>14/2/19</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY:								
DATE: <u>15/2/18</u>								