

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	PWO 372253		Scheduled Month	FEBRUARY 2018	
Work Order Date	1/2/18		Completed Date	12/2/2018	
Clinic Name	KLINIK 1 <del>PERAKA</del> (TAWAN <del>PERAKA</del> )		Clinic Code	WPL 016	
BE No	WPL000158		District	WP. Labuan	
BE Category	NEBULIZER, NON HEATED		WO Assigned to	MHD ASHMAWI	
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"/> Third Party Calibration (TPC)		
	<input type="checkbox"/> Routine Inspection (RI)		<input type="checkbox"/> Statutory Certification (SC)		
<b>BE Third Party Calibration / Statutory Certification Details</b>					
Company Name			Cal / Cert Date		
Contact Number			Cal / Cert Expiry Date		
<b>Action Taken</b>					
LD Do PM as per Checklist.					
<b>Schedule Maintenance Execution Details</b>					
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time
	MHD ASHMAWI		12/2/2018	2.30pm	3.00pm
	319-260-179				
<b>Customer Remarks</b>					
Engineer / Technician Signature			Customer Signature		
Name			Name		
Date			Designation		
12/2/2018			Date		
Stamp			Stamp		

For Internal Use only

First Verification  
QMS Circle InchargeJULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-5620179Final Verification  
QMS State InchargeDICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Nebulizers , Non Heated</b> <small>BE CODE : 15-045</small>	CHECKLIST NO: CL-102 REV.000		
<b>PART 1 ASSET DETAILS</b>				
WORK ORDER NO ▶ <b>PW0372253</b>		ASSET NO ▶ <b>WP000158</b>		
MANUFACTURER ▶ <b>NH</b>		MODEL ▶ <b>NH</b>		
FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY ( <input checked="" type="checkbox"/> )		PPM HOURS ▶ <b>0.5</b>		
<b>PART 2 SPECIAL PRECAUTION</b>				
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.				
<b>PART 3 TEST APPARATUS</b>				
<i>Tick (✓) where appropriate</i>				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
	<b>TEEM 0085</b>	ELECTRICAL SAFETY ANALYZER	<b>3227039</b>	<b>10/1/19</b>
<b>PART 4 QUALITATIVE TASKS</b>				
<i>Tick (✓) where appropriate</i>				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	
2 Power Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( )	( )	
3 Strain Relief - verify physical integrity at both ends of line cord	( <input checked="" type="checkbox"/> )	( )	( )	
4 Fittings/ Connectors - check all fittings/connectors	( <input checked="" type="checkbox"/> )	( )	( )	
5 Controls/Switches - verify proper operation of controls	( <input checked="" type="checkbox"/> )	( )	( )	
6 Indicators/ - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( <input checked="" type="checkbox"/> )	
7 Motor - verify physical Integrity	( <input checked="" type="checkbox"/> )	( )	( )	
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>				
<i>Tick (✓) where appropriate</i>				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	( <input checked="" type="checkbox"/> )	( )	( )	
2 Clean tubings	( <input checked="" type="checkbox"/> )	( )	( )	
3 Check motor alignment	( )	( )	( <input checked="" type="checkbox"/> )	
	DONE	NOT DONE **	NA	
4 Check output	( )	( )	( <input checked="" type="checkbox"/> )	
5 Check /replace filter	( <input checked="" type="checkbox"/> )	( )	( )	



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Manufacturing for Healthcare, to save lives

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist  
Nebulizers, Non Heated  
BE CODE : 15-045

CHECKLIST NO: CL-107  
REV.000

WORK ORDER NO ▶ 20037253

### PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	<u>N/A</u>							

### PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ PASS

☐ FAIL

☐ NA

### PART 8 NOTES

↳ EET is Class II

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ N/A

NEXT PPM DATE ▶ 11/2/2019

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

COMPLETED BY:

MOND. ARNOLD RICHARD MANSUR  
MEDICAL TECHNICIAN, SQA  
019-2554031

DATE:

12/2/2018

HAIZZA MAIDIN  
Penolong Pegawai Perubatan U29

# 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 & 14:44  
JOB Name

## DUT Information

Equipment Number WPL 000158  
Serial Number  
Manufacturer  
Model  
Location K1M  
Other

## Template Information

Template Name NEBULIZER  
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	240.6 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	21 uA	100	-	P
Normal Condition-Reversed mains	42 uA	100	-	P

Signature

MOND, ASHRAF MOND NISHAM  
BIOMEDICAL TECHNICIAN, QMS  
010-2334231