

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life  
Format Ref. - QMS/TSD-003 Rev. 00

Work Order No	PO 0373966	Scheduled Month	FEBRUARY 2018
Work Order Date	11/2/2018	Completed Date	27/2/2018
Clinic Name	KLINIK PERGIGIAN LABUAN	Clinic Code	WPL001
BE No	WPLAMA007	District	W.P. Labuan
BE Category	ANACHAMATOLS	WO Assigned to	che puchennu s
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	A.P.	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

## Action Taken

→ PPM carried out as per Checklist.

## Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
		27/2/2018	1500	1600

## Customer Remarks

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

27/2/2018

HERMAN NOWI  
Juruteknologi Pergigian  
Klinik Pergigian Labuan

27/2/18

KLINIK PERGIGIAN  
Tingkat 1  
Klinik Kesihatan  
Peti Surat B0544  
87014, W.P. Labuan  
Tel: 087-595000  
Fax: 6033  
W.P. LABUAN


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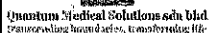
First Verification  
QMS Circle Incharge

JULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge

DICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD

 <small>Quantum Medical Solutions sdn bhd</small> <small>transcending boundaries, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Amalgamator</b> <small>BE CODE : 10-082</small>	<b>CHECKLIST NO : CL-002</b> <b>REV.000</b>					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <b>333406</b>		ASSET NO ▶ <b>WPNMIX 002</b> <b>WPPAMA 002</b>					
MANUFACTURER ▶ <b>KL</b>		MODEL ▶ <b>N16</b>					
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY ( / )		PPM HOURS ▶ <b>to 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			
1	<b>TEGA 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		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	( / )	( )	( )
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE	NA				
1 Inspect, Clean Interior and Exterior	( / )	( )	( )				



### BEMS Planned Preventive Maintenance Checklist

### Amalgamator

BE CODE : 10-082

CHECKLIST NO : CL-002  
REV.000

WORK ORDER NO ▶ 373406

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(in accordance to IEC 60601)

☒ PASS☐ FAIL☐ NA

## PART 8 NOTES

EST Type Class ~~II~~ I

11

CORRECTIVE MAINTENANCE REQUIRED

## FUNCTIONING

11

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: 9/12/2018

# 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 3227039  
Date & Time 27/02/2018 & 15:13  
JOB Name

## DUT Information

Equipment Number WPPAMA 002  
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	240.3 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	27 uA	100	-	P
Normal Condition-Reversed mains	44 uA	100	-	P

  
Signature