

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	PW0373405	Scheduled Month	FEBRUARY 2018
Work Order Date	11/2/18	Completed Date	26/2/2018
Clinic Name	KLINIK PERGIGIAN LABUAN	Clinic Code	WPL 001
BE No	WPMIX 001	District	WP Labuan
BE Category	MIX EPS	WO Assigned to	Dr. Muhammad
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	NA	Cal / Cert Date	NA
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
		26/2/2018	15.30	16.30

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	HERMAN NOWI
Date	Juruteknologi Pergigian
	Klinik Pergigian Labuan
	Date
	Stamp




For Internal Use only

First Verification
QMS Circle Incharge

KULIAH MANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DICKY LEE
SARAH STATE MANAGER
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions Sdn Bhd <small>Transforming lives, Transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Mixers BE CODE : 15-590	CHECKLIST NO: CL-100 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ 373405		ASSET NO ▶ WPMX 001					
MANUFACTURER ▶ KL		MODEL ▶ KL					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 1.0					
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			
	TESM 0085	ELECTRICAL SAFETY ANALYZER	3227039	20/1/19			
	NA	TACHOMETER	NA	NA			
		STOP WATCH	Standard				
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	7 Motor - verify physical integrity	(/)	()	()
2 Power Cord - verify proper insulation and integrity	(/)	()	()	8 Check labels -	(/)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()				
4 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				
5 Controls/Switches - verify proper operation of controls	(/)	()	()				
6 Indicators/ Displays - verify proper illumination and operation	(/)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE	NA				
1 Clean/Inspect the Exterior & Interior	(/)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Lubricate bearings	()	()	(/)				
3 Check motor alignment	(/)	()	()				



Quantum Medical Solutions Sdn Bhd
Incorporated in Malaysia, trading as QMS

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Mixers

BE CODE : 15-590

CHECKLIST NO: CL-100
REV.000

WORK ORDER NO ▶ 373495

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Speed	rpm				()	()	(✓)
		rpm				()	()	(✓)
		rpm				()	()	(✓)
2	Time (second)	Second	8	8	± 10%	(✓)	()	()
		Second	10	10	± 10%	(✓)	()	()
		Second	12	12	± 10%	(✓)	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 25/2/2019

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:

26/2/2018

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

Fluke Biomedical

Date 26/02/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 32270 3K
Date & Time 26/02/2018 & 15:49
JOB Name

DUT Information

Equipment Number WPNMIX 001
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name MIXERS
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 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	0.12 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.9 V	-	-	P
Live to Earth	10.7 V	-	-	P
Neutral to Earth	240.2 V	-	-	P
Equipment Current	10.1 A	-	-	P
Differential Leakage				P
Normal Condition	29 uA	500	-	P
Normal Condition-Reversed mains	45 uA	500	-	P


Signature