

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref: - QMS/TSD-022 Rev.01

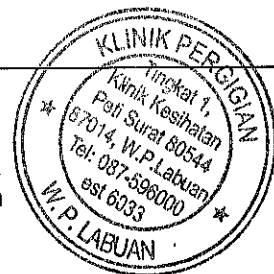
Work Order No.	PWO372029	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	28/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000586	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Ashmawi
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<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)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	
Action Taken ↳ Check chassis, fittings and burr holder. ↳ Clean exterior and do some alignment. ↳ Perform test, unit perform well (functioning good)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	28/3/2018	9.30am	9.45am

Customer Remarks	
Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 28/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 28/3/18



For Internal Use

First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

HERMAN NOWI
JURUTEKNOLOGI PERGIGIAN
KLINIK PERGIGIAN LABUAN



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BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO: CL-075
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *pw 372029* ASSET NO ▶ *WPC00586*
MANUFACTURER ▶ *rn* MODEL ▶ *rn*
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY ☒ PPM HOURS ▶ *0.25*

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

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓) () ()		
2 Fittings/ Connectors - check all fittings/connectors	(✓) () ()		
3 Mechanical - Verify condition bearing/O-ring	(✓) () ()		
4 Label - verify physical integrity	(✓) () ()		
5 Burr holder - Check proper operation	(✓) () ()		

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓) () ()		
2 Lubricate - Mechanical parts	(✓) () ()		

Notes:

* For all Parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

*** Choose Whichever Applicable

WORK ORDER NO ▶ WU 37 2025

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 27/3/2019

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

COMPLETED BY: MOHD. ASHMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2634231

DATE: 28/3/2018