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.	PWO346736	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	27/11/18
Clinic Name	Klinik Pergigian Lundu, Hospital Lundu	Clinic Code	SWK310
BE No.	SWK004932	Distict	KUCHING
BE Category	Micromotor	WO Assigned to	Foster Anak Engkasan
Ownership	☑ Existing Equipment	☐ Purchase	☐ New
BE Condition	☑ Active	☐ BER Proposed	
Work Order Type	☑ Preventive Maintenance (PM)	☐ Third Party Calibration (TPC)	
	☐ Routine Inspection (RI)	☐ Statutory Certification (SC)	

Reschedule Date	

BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken

- To do ppm pencheck & attend.
- ppm done.

Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
01	FOSTER ANAK ENGKASAN QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK.	27/11/18	1000	1020

Customer Remarks

Engineer / Technician Signature
Name FOSTER ANAK ENGKASAN
Date QUANTUM BIOMEDICAL ENGINEERING
KUCHING SARAWAK.
27/11/18

Customer Signature
Name DOREENA SALIPUI
Designation Juruterapi Pergigian U29
Date 27/11/18
Seal

For Internal Use

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Micromotor

BE CODE : DE-019

CHECKLIST NO:CL-096-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ► pm0346736

BE NO ► swk004932

MANUFACTURER ► NSK, Japan

MODEL ► mi'o

FREQUENCY ► 6 MONTHLY ( ) 12 MONTHLY (✓)

PPM HOURS ► 1.00

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
		ELECTRICAL SAFETY ANALYZER		
		TACHOMETER		

PART 4 QUALITATIVE TASKS

Tick (√) where appropriate

		PASS	FAIL	NA
1	Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )
2	Mount/Fasteners - verify physical integrity	(✓)	( )	( )
3	AC Plug / Power Cord - verify physical integrity and proper insulation	(✓)	( )	( )
4	Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )
5	Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	( )	( )
6	Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )
7	Controls/Switches - verify proper operation of controls	(✓)	( )	( )
8	Label - verify physical integrity	(✓)	( )	( )
9	Indicators/ Displays - verify proper illumination and operation	(✓)	( )	( )
10	Motor - verify proper operation physical integrity	(✓)	( )	( )
11	Accessories-verify physical integrity and operations.	(✓)	( )	( )
12	Foot/Knee control-verify proper operation	(✓)	( )	( )

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (√) where appropriate

		DONE	NOT DONE **	NA
1	Cleanliness - clean interior and exterior of the equipment	(✓)	( )	( )
2	Service micromotor head/chuck	(✓)	( )	( )
3	Allign / adjust mechanical components	(✓)	( )	( )
4	Check micromotor speed	(✓)	( )	( )

Notes: * For all Parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8
*** Choose Whichever Applicable