

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions edn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO372028	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000591	Distict	LABUAN
BE Category	Lights, Dental, Intraoral	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	
-----------------	--

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA
Action Taken ↳ Check Chassis, fittings, halogen bulb, fan and bulb holder. ↳ Clean exterior and interior. ↳ Perform test, unit perform well (FUNCTIONING GOOD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		29/3/18	2:30pm	3:00pm
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			


Customer Remarks	
Engineer / Technician Signature Name: MOHD. ASHMAWI B MOHD HISHAM Date: 29/3/18 BIOMEDICAL TECHNICIAN, QMS 019-2634231	Customer Signature Name: HERMAN NOWI Designation: Juruteknologi Pergigian Date: 29/4/18 Seal: 29/4/18 Klinik Pergigian Labuan




For Internal Use

First Verification
QMS Circle Incharge
JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge
DIARY LEE
QMS STATE INCHARGE
QUANTUM MEDICAL SOLUTIONS

 Quantum Medical Solutions sdn bhd <i>transcending boundaries, transforming life</i>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE :12-352	CHECKLIST NO: CL-093 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO 372028		ASSET NO ▶ WPA 000591					
MANUFACTURER ▶ N/A		MODEL ▶ N/A					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (/)		PPM HOURS ▶ 0.5					
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			
1	TESAGUETS	ELECTRICAL SAFETY ANALYZER	3227077	10/1/2019			
2	NA	STOP WATCH	NA	NA			
PART 4 QUALITATIVE TASKS							
Tick (/) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	9 Controls/Switches - verify proper operation of controls	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	10 Indicators/ Displays - verify proper illumination and operation	(/)	()	()
3 Casters/Brakes - if mounted, verify physical integrity	(/)	()	()	11 Alarms/ Interlocks - check all alarms available	()	()	(/)
4 AC Plug - verify integrity	(/)	()	()	12 Power ON Self Test	(/)	()	()
5 Power Cord - verify proper insulation and integrity	(/)	()	()	13 Label - verify physical integrity	(/)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	14 Timer - verify operation	(/)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(/)	()	()	15 Light intensity - verify operation	()	()	(/)
8 Fittings/ Connectors - check all fittings/connectors	(/)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (/) where appropriate							
	DONE	NOT DONE **	NA	Notes:			
1 Inspect, Clean Interior and Exterior	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Bulb/ Battery - check/ replace***	(/)	()	()				

 Quantum Medical Solutions sdn bhd <small>transforming biomedical, redefining life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Lights, Dental, Intraoral BE CODE : 12-352	CHECKLIST NO: CL-093 REV.000						
WORK ORDER NO ▶ <u>PW0342028</u>								
PART 6 QUANTITATIVE TASKS								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Timer Accuracy	sec	10	10	±10%	(✓)	()	()
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60801) <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA </div>								
PART 8 NOTES								
Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :								
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING </div>								
WORK ORDER NO ▶ <u>NA</u>						NEXT PPM DATE ▶ <u>28/3/19</u>		
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.								
COMPLETED BY: MOHD. ASHIMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231								
DATE: <u>29/2/18</u>								

Fluke Biomedical

Date 29/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227034
Date & Time 29/03/2018 & 14:50
JOB Name

DUT Information

Equipment Number WPL 000591
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name LIGHT, INTRAORAL
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	240.4 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	31 uA	100	-	P
Normal Condition-Reversed mains	48 uA	100	-	P


Signature: MUHAMMAD B MOHD NISHAM
BIOMEDICAL TECHNICIAN, GMS
019-2334231