## Form B03

# **Scheduled Maintenance Work Order**



Quantum Medical Solutions odn blid transcooling broadcades, transforming life

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

Work Order No.	PWO372056	Sched	dule Month	March 2018					
Work Order Date	01/03/2018	Comp	oleted Date	29/3/208					
Clinic Name	Klinik Pergigian Sekolah Kebangsaan F	Clinic	Code	WPL002					
BE No.	WPL000081	Distic	t	LABUAN					
BE Category	Lights, Dental	WOA	ssigned to	Ashmawi					
Ownership	Existing Equipment		Purchase	New					
BE Condition	✓ Active	BER Proposed							
Work Order Type	✓ Preventive Maintenance (PM)		Third Party Calibrat						
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)							
Reschedule Date					·				
BE Third Party Calib	oration / Statutory Certification Details								
Company Name		Cal / 0	Cert Date	WA					
Contact Number			Cert Expiry Date						
Lo Clear Lo Unit,	chass, fiftings, cable, bulb exterior then perform tes perform well (FUNCTION)	}. Ng	Gov D)						
Schedule Maintenar	nce Execution Details								
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time				
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231		79/2/2018	3-00pm	3.>gn				
Customer Remarks	Λ			<u> </u>					
Engineer / Technician Name Date	Signature  MOHD, AS: MAWI B MOHD HISHAM  EXOMEDICAL TECHNICIAN, QMS  019-2534231	Custor Name Design Date Seal	mer Signature HERMAN I nation Juruteknologi Klinik Pergigia	Pergigian \\	Kinik Kesihatan Peti Surai 80544 6l: 087-596000 est 6033				
For Internal Use			- F. C.						

First Verification

QMS Circle Incharge

Julih<del>s</del> Hansun Biomedical Engineer, QMS 019-3620179

Final Verification QMS State Incharge DICKY LEE SASAH STATE MANAGER OTANTIM MERICAL SOLUTIONS TON BUT

## Quantum Medical Solutions sets bird transcending boundaries, transforming life

# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Lights, Dental

BE CODE :12-351

CHECKLIST NO: CL-092 REV.000

PART	1 AS	SET DETAILS	3									D 1	10,000	3 <i>nO</i> 1	
WORK	ORD	ER NO ►	Pr-0	37	256						ASSET NO	<b>▶</b> ∪	v prooc	1081	
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FREQ	UENCY	<b>/</b> ►	3 MONTH	HLY (	) 61	MONTH	HLY (	)	12 MONTHLY		PPM HOURS	<b>≯</b> _(	2-50	0.0	70
PART	2 SP	ECIAL PREC	AUTION												
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 (	√) wher	re appropriate												- <u>-</u>	
NC	,	ASSET I	NO			DESC	CRIPT	ION		s	ERIAL NO		CALIBRA	ATION DI	UE ON
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		s - verify physi- ess and condi				(	) (	,	8 Fittings/Conne fittings/conne		ar an		V / '	, ,	` ′
2 1	2 Mount/ Fasteners - verify physical integrity (/ ) ( ) ( ) 9 Controls/Switches - verify proper operation of ( / ) ( ) ( controls								( )						
3	Cantoro	s/Brakes - if m	ounted veri	if.,	( / )	(	) (	)	10 Indicators/ Di	splays - verify	у ргорег		( )	( )	
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4 AC Plug - verify integrity ( ) ( ) ( )				11 Label - verify available	physical inte	grity			( )	( )					
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		Relief - verify ads of line core		egrity at	(/)	(	) (	)							
7	externa	Breaker/ Fuse al circuit break	e - verify inte er and/or ra	egrity of iting of	(/)	(	) (	)							
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# Quantum Medical Solutions sain blut transcenting beautivier, transtocating life

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Lights, Dental

CHECKLIST NO: CL-892 REV.000

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BIOMEDICAL TECHNICIAN, QMS 019-2634231			MOHD. ASHMAWI B MOH	D HISHAM							
019-2534231 ATE: 7,9 13 /18/			BIOMEDICAL TECHNIC	ian, qms							
MILITAL N	ATE: JA	2/10	019-2534231	l							

## Fluke Biomedical

Date 29/03/2018

## Test Setup

Operator ID Calibration Tech

Calibration Date

Firmware Version Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01 3 \ 270 3 \ 29/03/2018 & 15:09 **DUT Information** 

Equipment Number Serial Number Manufacturer Model Location Other

WPL 000081

KLINIK PERGIGIAN

#### Template Information

LIGHTS, DENTAL Template Name Pause after Power ON 2 RAPID Power ON delay Test Speed 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 Test Mode 0

AUTO Multi PE Test NO Multi Resstore WORST/LAST

Reverse Polarity YES Classification

### 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	0.19 Ohm	0.3		P
Insulation Resistance				Р
Mains to Protective Earth	999 MOhm	=	-	Р
Mains Voltage				P
Live to Neutral	240.8 V	~	_	Р
Live to Earth	11,4 V	•	-	P
Neutral to Earth	240.1 V	_	_	p
Equipment Current	10.5 A	_		Р
Differential Leakage				Р
Normal Condition	29 uA	500		P
Normal Condition-Reversed mains	45 uA	500	-	P

Signature

CATAMAN 912 Y 5/4 THAT WORLD THAT 9/4 THAT THAT IS NOT THE