

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No	n/a pwo 41160	Scheduled Month	January 2019
Work Order Date	n/a 01/01/2019	Completed Date	7/1/2019
Clinic Name	K.K SIMPANG	Clinic Code	PRK720
BE No	PRK030714	District	LMS
BE Category	URINE ANALYSER (MEDIUM)	WO Assigned to	KEERADJARNI
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET 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"/> Routine Inspection (RI)	<input type="checkbox"/> Third Party Calibration (TPC) <input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details

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

Action Taken

PPM COMPLETED AS PER CHECKLIST.

Manufacturer : HUMPHIS
Model : N-AQ SMART
S/N : 44130605
Purchase Date : 14/10/2014
Kewpa No : KEM/PER/PRK/KK/08-06-12/14/12

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	ADJARNI	7/1/2019	12:10	13:10

Customer Remarks

Engineer / Technician Signature

Name : NOOR AZARUL B AHAMAD
Date : 7/1/2019
PERAK LAB SPECIALIST
Quantum Medical Solution Sdn. Bhd
No 10 B, Persiaan Greentown 4c
Greentown Avenue, 30450 Ipoh, Perak
Tel/fax : 05-2461991 Hp : 012-39648013

Customer Signature

Name : NUR HAZWANI BINTI MOHAMAD YOSOF
Designation : Juruteknologi Makmal Perubatan U29
Date : 07 JAN 2019
Seal :

For Internal Use only

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Urine, Semiautomated (Medium)
BE CODE : ME-010

CHECKLIST NO:CL-019-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ *n/p* BE NO ▶ *PRK030714*
MANUFACTURER ▶ *HUMASIS* MODEL ▶ *U-SQ SMDR*
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
<i>- n/p -</i>		ELECTRICAL SAFETY ANALYZER	<i>- n/p -</i>	

PART 4 QUALITATIVE TASKS

Tick (/) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	9 Test Strip Tray - Verify Physical integrity	(/)	()	()
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	10 Motor - Verify proper operation	(/)	()	()
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	(/)	()	()	11 Date /Time Verify Proper Setting	(/)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(/)	()	()	12 LED- Verify Proper Operation	(/)	()	()
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(/)	()	()				
6 Controls/Switches/Keypad - verify proper operation of controls	(/)	()	()				
7 Indicators/Displays Verify Proper Operation	(/)	()	()				
8 Printer - Verify Operation	(/)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (/) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Cleanliness-Clean Interior and Exterior of the Unit	(/)	(**)	()	5 Carryout Calibration As needed	(/)	(**)	()
2 Clean the Test Strip Tray	(/)	()	()				
3 Lubricate Moving Parts	(/)	()	()				
4 Clean Printer Assembly	(/)	()	()				

* For all Parts, NA is defined as NOT APPLICABLE

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

Notes: *** Choose Whichever Applicable

WORK ORDER NO ▶ 2/2

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (\) where appropriate

Standard use :

Result :

☐ IEC 60601☐ IEC 61010

IEC 62353

☐ PASS☐ FAIL☒ NA

PART 8 NOTES

*NOT APPLICABLE FOR ELECTRICAL SAFETY TEST
DUE TO UNIT ~~NOT~~ USING AC/DC ADAPTER FOR
OPERATION.

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶

JULY 2010

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

COMPLETED BY:

performed in accordance to the checklist and the equipment

Y: **PERAK LAB SPECIALIST**
Quantum Medical Solution Sdn. Bhd
No 10 B, Persiaan Greentown 4c
Greentown Avenue, 30450 Ipoh, Perak
Tel: 02-2239991 Hp: 012-39648013

DATE : _____

7/1/20

30450 Ipoh, Perak
Hp: 012-39648013

JAN/07/2019 13:01:26