

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.	PWO371842	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	21/3/2018
Clinic Name	Klinik Pergigian DI Klinik Kesihatan Lak	Clinic Code	WPL001
BE No.	WPL000604	Distict	LABUAN
BE Category	Trimmers, Model, Dental	WO Assigned to	Che Muhammad Atillah
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

checked pyphysical asset ok.clean body interior and exterior. put lubricent moving part. ppm completed.

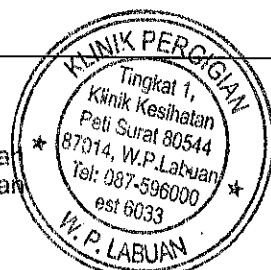
ppm CARRIED OUT AS PER CHECK LIST

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 013-2572040	21/3/2018	0800	0831

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
	Date
	Seal




For Internal Use

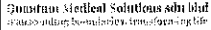
First Verification
QMS Circle Incharge

LIANSUN
BIOMEDICAL ENGINEER, QMS
013-2572040

Final Verification
QMS State Incharge

Signature of State Incharge
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>empowering businesses, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Trimmers, Model, Dental BE CODE : 89-902	CHECKLIST NO: CL-160 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO 371342		ASSET NO ▶ WPM00604					
MANUFACTURER ▶ nlr		MODEL ▶ nlr					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)		PPM HOURS ▶ 0.50					
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			
	TEEM0085	ELECTRICAL SAFETY ANALYZER	3227034	10/1/2019			
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Controls/Switches - verify proper operation of controls	(✓)	()	()
2 Casters/Brakes - if mounted, verify physical integrity	(✓)	()	()	9 Motor - verify proper operation	(✓)	()	()
3 AC Plug - verify integrity	(✓)	()	()	10 Suction - verify operation	()	()	(✓)
4 Power Cord - verify proper insulation and integrity	(✓)	()	()	11 Alarms/ Interlocks - check all alarms available	()	()	(✓)
5 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12 Label - verify physical integrity	(✓)	()	()
6 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()				
7 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 Motor - check, lubricate if necessary	(✓)	()	()				
3 Align/ Adjust mechanical components	(✓)	()	()				



BEMS Planned Preventive Maintenance Checklist
Trimmers, Model, Dental
 BE CODE : 99-902

CHECKLIST NO: CL-160
REV.000

420 37 1842

Tick (✓) where appropriate

[illegible]

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ PASS

☐ FAIL

	NA
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Part 5

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

NA

20/3/2019

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

COMPLETED BY:

DATE :

2/3/2018

Fluke Biomedical

Date 21/03/2018

Test Setup

Operator ID LBNBME
Calibration Tech
Calibration Date 10/01/2019
Firmware Version 2.08.01
Serial Number 3227032
Date & Time 21/03/2018 & 08:25
JOB Name

DUT Information

Equipment Number WPL 000604
Serial Number
Manufacturer
Model
Location KLINIK PERGIGIAN
Other

Template Information

Template Name TRIMMERS
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 I

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	0.21 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	240.5 V	-	-	P
Live to Earth	10.2 V	-	-	P
Neutral to Earth	240.1 V	-	-	P
Equipment Current	10.7 A	-	-	P
Differential Leakage				P
Normal Condition	31 uA	500	-	P
Normal Condition-Reversed mains	49 uA	500	-	P



Signature

CHE MOHD. ATILAN
BIO MEDICAL TECHNICIAN, QMS
010-2572840