Form B03 **Scheduled Maintenance Work Order**



Quantum Medical Solutions adn biol transcending houndaries, transforming life

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

Work Order No.	PWO371954	Schedule Month	March 2018	1						
Work Order Date	01/03/2018	Completed Date	8100/2/12	21/2/0018						
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lat	Clinic Code	WPL001	WPL001						
BE No.	WPL000597	Distict	LABUAN							
BE Category	Water Boiler	WO Assigned to	Ashmawi	Ashmawi						
Ownership	Existing Equipment	Purchase	New							
BE Condition	✓ Active	BER Propo	sed							
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)								
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)								
Reschedule Date										
BE Third Party Calibration / Statutory Certification Details										
Company Name	NA	Cal / Cert Date	- 1 / 6	414						
Contact Number	10117	Cal / Cert Expiry Date	0	NA S						
Schedule Maintenance Ex	ecution Details									
SI No	QMS Engineer / Technician Name	Date	e Start Time	End Time						
		21/3/20	18 1970	1630						
:-										
Customer Remarks										
Engineer / Technician Signat Name Date M/s/201	1000 (1975) 1884 - John College 1884 - J	Customer Signature Name Designation Date Seal Customer Signature HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuah Tel: 087-596000 est 6033 P. P. LABUAN PERG/G/R Kkinik Kesihatan Peti Surat 80544 87014, W.P.Labuan Tel: 087-596000 est 6033								
For Internal Use										

First Verification QMS Circle Incharge Juuns Hansun Biomedical Lygineer, Qmb 020-0220179

Final Verification QMS State Incharge DICKY LEE SABAH STATE MANAGER QUANTUM MEDICAL SOLUTIONS STIN BHIT



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BEMS Planned Preventive Maintenance Checklist
Water Boiler

BE CODE :DE-029

CHECKLIST NO: CL-169 REV.000

PART 1	ASSET DETAILS				10.00					
work o	PRDER NO P pwo	371	95-1	(ASSET NO	· wpw0597		
MANUFA	CTURER > NI						MODEL	► ~ 12		
FREQUE	NCY ► 3 MONTI	HLY () 6	MONTH	-Y ()	12 MONTHLY	(/) PPM HOURS	· 1.0		
PART 2	SPECIAL PRECAUTION	i dua								
If there is	evidence of body fluid contar	nination, s	ubmit the	device fo	r cleaning	and decontamination	on before inspecting it.			
Wear appropriate Personnel Protection Equipment (PPE) during work.										
Wear grou	unded electrostatic wristband	when han	idling PCE	or electr	onic comp	onents.				
	ne safety procedure for addition			d guidanc	e as per r	nanufacturer guidelin	nes.			
	e the test equipment used are	e duly calik	orated.				uppergresses (automorphism) esta la person			
	TEST APPARATUS							Series of the Series and		
	where appropriate			DEDOE	NETION		OFDIAL NO	CALIBRATION DUE ON		
NO	ASSET NO	DESCRIPTION			RIPTION		SERIAL NO	CALIBRATION DUE ON		
	1EE540085	ELECTR	ICAL SAF	ETY ANA	LYZER		3227639	10/1/2019		
	NA	THERMO	METER				NA	M		
PART 4	QUALITATIVE TASKS									
Tick(V)	where appropriate									
			PASS	FAIL	NA			PASS FAIL NA		
					, ,					
	ssis - verify physical integrity, nliness and condition			()	()	8 Mount/ Fasten	ers - Verify physical integrity	(/)()()		
2 Power Cord - verify proper insulation and (/) () () integrity			9 Check water to	ank leak	(/)()()					
	in Relief - verify physical inte ends of line cord	grity at	(/)	()	()	10 Check drain v	alve -Physical integrity	(/)()()		
	ngs/ Connectors - check all gs/connectors		(/)	()	()	11 Check label		(/)()()		
5 Cont of co	trols/Switches - verify proper entrols	operation	(/)	()	()					
	cators/ Displays - verify prope ination and operation	er	(/)	()	()					
7 Heat	ter - verify physical Integrity		(/)	()	()					
PART 5	PREVENTIVE MAINTENAN	UCF TASI	(S							
	where appropriate									
	AA A ***		DONE	NOT DONE	NA	Notes:				
1 Clea	an/Inspect the Exterior & Inter	rior	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable				
2 Check / replace gasket *** (/) () ()										

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CHECKLIST NO: CL-169

Dunitum Me cases eding be	mattern Sedical Solutions stabilist Water Boller BE CODE :DE-029								REV.000	
ORK O	RDER NO ►	Pho	371950	1						
ART 6	QUANTITATIVE T									
	vhere appropriate									
No		Descriptio	n	Units /		Measured	Limit/Tolerance	PASS	FAIL	NA
NO		Doscriptio		UOM	Values	Values		,,,,,,		
	-									
					<u> </u>					
				<u></u>						
		,	F		<u> </u>					
			-							
ART 7	ELECTRICAL SAF	ETY TEST								

	CAL SAFETY TEST									
	(In accordance to IEC 60	/								
		PASS	FAIL		NA					
ART 8	NOTES									
CORRECTIVE MAINTENANCE REQUIRED			UIRED	FUNCTIONING NOT FUNCTION						
WORK ORDER NO ►			NEXT PPM DATE ► 20/				10/3/2019			
COMPLE	been performed in	·	checklist and the ed	quipment is function	oning to th	e intended pu	irpose.			·

Fluke Biomedical

Date 21/03/2018

Test Setup

Operator ID Calibration Tech

Calibration Date Firmware Version Serial Number

Date & Time JOB Name LBNBME

10/01/2019 2.08.01 3277057 21/03/2018 & 16:23 **DUT Information**

Equipment Number Serial Number Manufacturer Model Location

Other

WPL 000597

KLINIK PERGIGIAN

IEC62353-Differential

Template Information

Template Name WATER BOILER
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

Pause before Power OFF Power OFF delay Test Mode Multi PE Test Multi Resstore Reverse Polarity

0 AUTO NO WORST/LAST

NO

YES

Classification

PLC Configuration-Applied part setup

AP Name

AP Type

AP Num

ESA615 Test Results

Value	High Limits	Low Limits	Status
0.15 Ohm	0.3	-	P
			P
999 MOhm	-		P
			P
240.5 V	***	_	P
10.4 V	-	=	P
239.9 V	-	100	P
9.7 A	**	_	P
			P
39 uA	500	_	P
52 uA	500	-	P
	0.15 Ohm 999 MOhm 240.5 V 10.4 V 239.9 V 9.7 A 39 uA	0.15 Ohm 0.3 999 MOhm - 240.5 V - 10.4 V - 239.9 V - 9.7 A - 39 uA 500	0.15 Ohm

الير) Signature

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