Form B03

Scheduled Maintenance Work Order

Work Order No	n/o RWO 405673	Scheduled Month	January 2019
Work Order Date	n/o 01/01/2019	Completed Date	30/1/2019
Clinic Name	K.K KAMPAR	Clinic Code	PRKC033
BE No	PRK C31177	District	KAMPAR
BE Category	GLYCATED HEMOGLOBIN	WO Assigned to	NOOR AZARUL
Ownership	☑ Existing Equipment	☐ MEET Equipment	
BE Condition	☐ Under Warranty	☐ BER Proposed	
Work Order Type	☑ Preventive Maintenance (PM)	☐ Third Party Calibration (TPC)	
	☐ Routine Inspection (RI)	☐ Statutory Certification (SC)	
Reschedule Date			

BE Third Party Calibration / Statutory Certification Details

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

Action Taken

PPM COMPLETED AS PER CHECKLIST.

Manufacturer : BIORAD
Model : D10
S/N : DC05484016
Purchase Date : 1/1/2012
Kewpa No: KKM/BKN/PKB/KK/ 08-01-10

Schedule Maintenance Execution Details

Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
1	AZARUL	30/1/2019	11:30	13:30

Customer Remarks

* UNIT CURRENTLY NOT IN USE AND ONLY EXPIRED CONSUMABLE AND OLD CALIBRATION DATA INCLUDED CATRIDGE AVAILABLE AT THE MACHINE.

Engineer / Technician Signature	Customer Signature
Name	Name
Date 30/1/2019	Designation
NOOR AZARUL B AHAMAD 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	Date MIMI MAZURA BINTI ABDUL WAHAP JURUTEKNOLOGI MAKMAL PERUBATAN U32 KLINIK KESIHATAN KAMPAR
	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, Glycated Hemoglobin
BE CODE : ME-004

CHECKLIST NO:CL-013-002
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ► n/o PW04054673		BE NO ► PRKC31177	
MANUFACTURER ► Bio Rad		MODEL ► D10	
FREQUENCY ► 6 MONTHLY ( ) 12 MONTHLY (√)		PPM HOURS ► 2.00	

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
— n/o —		ELECTRICAL SAFETY ANALYZER	— n/o —	

PART 4 QUALITATIVE TASKS

Tick (√) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	( )	( )	9 HPLC Pump - Verify Proper Operation	(/)	( )	( )
2 Mount/ Fasteners - verify physical integrity	(/)	( )	( )	10 Probes - Verify Integrity	(/)	( )	( )
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	(/)	( )	( )	11 Temperature System- Verify	(/)	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	(/)	( )	( )	12 Fan/Motor/Pump - Verify Condition & Operation	(/)	( )	( )
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(/)	( )	( )	13 Computer Systems -Verify Physical	(/)	( )	( )
6 Controls/Switches - verify proper operation of controls	(/)	( )	( )	14 Printer - Verify Operation	(/)	( )	( )
7 Indicators/Displays Verify Proper Operation	(/)	( )	( )				
8 Bar Code Reader - Verify Integrity	(/)	( )	( )				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (√) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Cleanliness-Clean Interier and Exterior of the Equipment	(/)	( )	( )	5 Clean Measuring Area	(/)	( )	( )
2 Clean Hydraulics and pneumatic system	(/)	( )	( )	6 Perform Post Routine	(/)	( )	( )
3 Clean the tubing (replace if necessary)	(/)	( )	( )				
4 Clean Sampling Machanism	/						

Notes:
* For all Parts, NA is defined as NOT APPLICABLE
** If you have ticked 'NOT DONE', then justify in Part 8
*** Choose Whichever Applicable

WORK ORDER NO ► n/o PWO405673.

PART 6 QUANTITATIVE TASKS

Tick (√) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	QC Result (Attach Result)					( )	( )	(/)

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

1. Pinch Valve Tubing

*NOT APPLICABLE FOR ELECTRICAL SAFETY TEST DUE TO UNIT RUNNING UNDER SOFTWARE BASE.

☐ CORRECTIVE MAINTENANCE REQUIRED   ☒ FUNCTIONING   ☐ NOT FUNCTIONING

WORK ORDER NO ► n/o

NEXT PPM DATE ► JULY 2019

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

COMPLETED BY:

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Greentown Avenue, 30450 Ipoh, Perak
Tel/fax : 05-246199 Hp : 012-33648013

DATE : 30/1/2019