# Form B03 **Scheduled Maintenance Work Order**





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Work Order No.		PWO	365369	Sch	nedule Month	June 2018						
Work Order Date		01/06	6/2018	Cor	mpleted Date	24.6.18						
Clinic Name		Klinik	Pergigian Di Klinik Kesihatan Bul	Clir	nic Code	JHR553						
BE No.		JHR0	023427	Dis	tict	LEDANG						
BE Category		STE	RILIZING UNITS, STEAM	WC	Assigned to	ZADIE						
Ownership		✓	Existing Equipment		Purchase	New						
BE Condition		<b>V</b>	Active		BER Proposed	posed						
Work Order Type			Preventive Maintenance (PM)	Third Party Calibration (TPC)								
Work Older 13pe			Routine Inspection (RI)		Statutory Certification (SC)							
Reschedule Date												
JE Third Party Ca	libration	/ State	utory Certification Details									
Company Name			-	Cal	/ Cert Date	-						
Contact Number			-	Cal	/ Cert Expiry Date	Comme						
Action Taken	1.0					-						
✓ PM/R	l job done	as per	checklist. Unit tested functioning goo	od & ı	eady to use.	Manufacturer :	NA					
	tive Mainte				Modal: NA							
BE Stic	ker Availa	bility :	Yes / NA		Serial No : N	7						
Remar	ks: 🛧	sse-	total BER. Ou	+ 1	from find8							
Schedule Mainter	ance Exe	ecutio	n Details									
SI No		QM	S Engineer / Technician Name		Date	Start Time	End Time					
1)		Z	AIDIE		24.6.18	2.00 2.10						
			ž.									
Customer Remarks												
Engineer / Technician Signature Customer Signature												
Name	×5	MUHE		Nam	1/4/							
Date	Date Technical Service Department Designation DR ADIANH IZZATY AZIT											
	(	Quantum	Medical Solution Sdn Rhd		C : 7836 EROYGIAN UG44							
				Seal	16 4 2014	2010						

For Internal Use

First Verification QMS Circle Incharge Final Verification QMS State Incharge

Bic. and cal Engineering Crassum Medical Solutions HP: 012-3967638



### KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sterlizing units, Steam

BE CODE : 13-746

CHECKLIST NO:CL-148-000

PART 1 ASSET DETAILS PWO 365369 -JAP 023427 WORK ORDER NO ASSET NO MANUFACTURER **GENERAL** MODEL ► GENERAL FREQUENCY 3 MONTHLY ( ) 6 MONTHLY ( / ) 12 MONTHLY ( ) PPM HOURS ► 1 HOUR 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 ASSET NO DESCRIPTION SERIAL NO CALIBRATION DUE ON NO DIGITAL TEMPERATURE METER DIGITAL PRESSURE METER PART 4 QUALITATIVE TASKS Tick ( √ ) where appropriate PASS FAIL NA PASS FAIL NA Chassis - verify physical integrity, 10 Over pressure cut of valve - Verify physical ) cleanliness and condition integrity 2 Power Cord - verify proper insulation 11 Door lock - Verify physical integrity and integrity 12 Door gasket Verify physical integrity Strain Relief - verify physical integrity at both ends of line cord Fittings/ Connectors - check all 13 Check water tank leak fittings/connectors 14 Check drain valve -Physical integrity Controls/Switches - verify proper operation of controls 15 Check label Indicators/ Displays - verify proper illumination and operation Check fuse, circuit breaker 16 Check demineralisation and sensor (if available) 17 Check automatic water filling (if available) 8 Heater - verify physical Integrity Chamber - verify physical integrity 18 Replace Bacteria/Air Sterilization Filter (scalling, rusting, pitting or impurities) PART 5 PREVENTIVE MAINTENANCE TASKS Tick ( √ ) where appropriate NOT NOT DONE DONE DONE NA DONE NA 4 Lubricate all moving parts Clean exterior and interior of the equipment 2 Check / replace gasket \*\*\* Notes 3 Check/ clean solenoids For all Parts, NA is defined as NOT APPLICABLE ) ( \*\* If you have ticked 'NOT DONE', then justify in Part 8 \*\*\* Choose Whichever Applicable

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MEET Planned Preventive Maintenance Checklist Sterlizing units, Steam BE CODE: 13-746 CHECKLIST NO:CL-148-000 REV.001

WORK Order No

· pw0 365369

PART 6 SERVICE CHECKLIST																	
No	No Description Checked		Service/ Clean		Replaced		Not Applicable	No	Description	Checked		Service/ Clean		Replaced		Not Applicable	
1	Fuses	(	)	(	)	(	)	(/)	16	Discharge Valve	(	)	(	)	(	)	( )
2	Main Control Board	(	)	(	)	(	)	(/)	17	Infill Valve	(	)	(	)	(	)	(/)
3	Control Board	(	)	(	)	(	)	(/)	18	Heating Element	(	)	(	)	(	)	(6)
4	Fan Running Rear & Side	(	)	(	)	(	)	( )	19	Heat Exchanger/Cooling system (if applicable)	(	)	(	)	(	)	( )
5	Water Resevoir Float Switch/Water Level Sensor	(	)	(	)	(	)	(/)	20	Vacuum Pump	(	)	(	)	(	)	( )
6	Water Resevoir	(	)	(	)	(	)	(/)	21	Door Gasket	(	)	(	)	(	)	()
7	Electric Door Lock	(	)	(	)	(	)	(/)	22	Chamber Guard Seal (if applicable)	(	)	(	)	(	)	(/)
8	Pressure Door Lock	(	)	(	)	(	)	(/)	23	Solid State Relay	(	)	(	)	(	)	(/)
9	Discharge Door Lock	(	)	(	)	(	)	(/)	24	Thermostat Assembly	(	)	(	)	(	)	(/)
10	Pressure Transducer	(	)	(	)	(	)	(/)	25	Temperature Sensor	(	)	(	)	(	)	(/)
11	Pressure Gauge	(	)	(	)	(	)	(/)	26	Thermal Printer (if applicable)	(	)	(	)	(	)	(/)
12	Safety Valve	(	)	(	)	(	)	(/)	27	Vacuum Pump (if applicable)	(	)	(	)	(	)	(/)
13	Air Valve/Steam Solenoid Valve	(	)	(	)	(	)	(/)	28	Filters / strainer	(	)	(	)	(	)	( )
14	Air Valve/Steam Solenoid Valve	(	)	(	)	(	)	( )									
15	Air Valve/Steam Solenoid Valve	(	)	(	)	(	)	( )									

PART7 Technician Remarks



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Sterlizing units, Steam
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CHECKLIST NO:CL-148-000 REV.001

work order no ▶ Pw035369

PART 8	QUANTITATIVE T	ASKS /												
Tick (√)	where appropriate													
No		Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance		PASS	3	FAIL	NA			
1	Temperature readi	ng	°C			134-137 121-124		( )		( )				
2	Pressure reading		bar			2.03-2.32 1.03-1.23		( )	9	( )	<b>/</b>			
3	Electrical Supply \	/oltage	V		refer to EST	Refer to nameplate		( )		( )				
4	Electrical Power		kW		refer to EST	Refer to nameplate		( )		( )				
PART 9	ELECTRICAL SAI	FETY TEST												
more and the														
ELECTRI	ICAL SAFETY TES													
	(In accordance to IEC 6			000										
		PASS FAIL	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NA.										
PART 10	NOTES									-				
				. /										
			N	A /										
		CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONIN	NG	NOT FUN	NCTIO	NIN	IG				
											AIIA .			
WO	RK ORDER NO ▶						NEXT PF	M DA	TE	<b>-</b>	NIA			
PPM has	been performed in	accordance to the checklist and the equipment	is function	nina to the	intended nur	pose.								
COMPLE			.c ranouor		ondod parj	WITNESSED BY U	ISED.							
COMPLE	IEU DT:	/ ]				WITHESSED BY C	JJER.							
		MUHO ZAIDIE BIN HALIL												
		Technical Serivce Department Quantum Medical Solution Sdn. Bhd												
DATE:		Quantum Medical Solution Sdn. Bhd				DATE:								