

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340387	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	22/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWK013453	District	SIBU
Be Category	Ophthalmoscopes	WO Assigned to	SIUBME1
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 type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

Action Taken

to do ppm as per checklist attached

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
02	Wed. Charles	22/1/2018	1040	11-00

Customer Remarks

Engineer / Technician Signature	Customer Signature
Name	Name
Date	Designation
WEDNISLEYJI JIMMY	ARTHUR ASAK AK KUSAK
BIOMEDICAL TECH	Pen Pegawai Perubatan U32
QUANTUM MEDICAL SOLUTIONS	LPPM 5398
22/1/18	

For Internal Use Only

First Verification

QMS Circle Incharge Bo
James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

SE CODE 12-315

CHECKLIST NO: CL-104
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 340387

ASSET NO ▶ 6010613453

MANUFACTURER ▶ WELCH ALLYN INC.

MODEL ▶

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
		ELECTRICAL SAFETY ANALYZER	NA	

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
3 Cables - verify integrity	()	()	(✓)	9 Controls/Switches - verify proper operation of controls	(✓)	()	()
4 AC Plug - verify integrity	()	()	(✓)	10 Indicators - verify proper illumination and operation	()	()	(✓)
5 Power Cord - verify proper insulation and integrity	()	()	(✓)	11 Check Charger - verify proper operation	()	()	(✓)
6 Strain Relief - verify physical integrity at both ends of line cord	()	()	(✓)	12 Check lamp holder	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓)	()	()	4 Check/replace battery	(✓)	()	()
2 Clean lens dial	(✓)	()	()	5 Check / replace lamp	(✓)	()	()
3 Clean filters	(✓)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE			
				** If you have ticked 'NOT DONE', then justify in Part 8			
				*** Choose Whichever Applicable			

