

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions Sdn Bhd
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Format Ref. - QMS/TSD-022 Rev 01

Work Order No.	PWO386400	Schedule Month	July 2018
Work Order Date	01/07/2018	Completed Date	18/11/18
Clinic Name	Klinik Kesihatan Pengerang	Clinic Code	JHR045
BE No.	JHPCHE074	District	KOTA TINGGI
BE Category	CHARTS, EYE, VISUAL ACUITY	WO Assigned to	K. TURBINE
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BEIR / 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)	

Reschedule Date	N/A
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BE Third Party Calibration / Statutory Certification Details			
Company Name	N/A	Cat / Cert Date	N/A
Contact Number	N/A	Cat / Cert Expiry Date	N/A
Action Taken		Manufacturer: IMMACULATA Model: 14500 Serial No: 707060308130	
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown BE Sticker Availability: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Remarks: N/A			

Schedule Maintenance Execution Details				
Sl No	QMS Engineer / Technician Name	Date	Start Time	End Time
N/A	SHALWANA	18/11/18	1500	1530

Customer Remarks	N/A
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Engineer / Technician Signature	Customer Signature
Name: <i>am</i> Date: 18/11/18	Name: MOHD IZHAR BIN WAGIMAN Designation: Perolong Pengerang Perubatan U25 Date: 18/11/18 Seal: 18/11/18
NOORSHALWANA BINTI LATIP Biomedical Engineer Quantum Medical Solutions Sdn Bhd 012-3962428	

For Internal Use

MUHD RAMADHAN B. TAMAR JAYA
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Technical Service Department
Quantum Medical Solutions Sdn Bhd.
Tel: +60 12-396 1697

Final Verification
QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Charts, Eye, Visual, Acuity

BE CODE - 16-800

CHECKLIST NO: GL-042-000
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PVO 366400 BE NO ▶ JHPCH074
MANUFACTURER ▶ INMOCLINC MODEL ▶ 16500
FREQUENCY ▶ 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
1	TEESA0010	ELECTRICAL SAFETY ANALYZER	321827	24/8/18

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	7 Labeling - verify physical integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()				
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()				
4 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()				
5 Controls/Switches - verify proper operation of controls	(✓)	()	()				
6 Lamp - verify proper illumination and operation	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Clean exterior and interior of the equipment	(✓)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 5 *** Choose Whichever Applicable

WORK ORDER NO ▶

PNO 366400

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

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

☐ CORRECTIVE MAINTENANCE REQUIRED☒ FUNCTIONING☐ NOT FUNCTIONING

WORK ORDER NO. _____

N/A

NEXT PPM DATE

7/20/9

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

COMPLETED BY:

274

NOORSHALWANA BINTI LATIF

Biomedical Engineer

Quantum Medical Solutions Sdn. Bhd

012-3962428

DATE: _____

187714

Test Setup

Operator ID :
Calibration Tech : MOHANA
Calibration Date : 24/08/2018
Firmware Version : 2.08.01
Serial Number : 3218071
Date & Time : 18/07/2018 & 3:54pm
JOB Name :

DUT Information

Equipment Number : JHPCHE074
Serial Number :
Manufacturer :
Model :
Location : KK PENDERANG
Other :

Template Information

Template Name : CHARTS
Pause after Power ON: NO
Power ON delay: 2
Test Speed: NORMAL
Halt on Test Failure: YES
Include Time: YES
Insulation Resistance v 500V
Multi Enclosure Test : NO

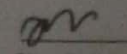
Standard : IEC62353-Direct
Pause before Power Off NO
Power OFF delay: 0
Test Mode: AUTO
Multi PE Test: NO
Multi Resstore: WORST/LAST
Reverse Polarity: YES
Classification: I

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	0.205 Ohm	0.3 -		P
Insulation Resistance				P
Mains to Protective Earth	79.3 MOhm	-		P
Mains Voltage				P
Live to Neutral	242.7 V	-	-	P
Neutral to Earth	7.1 V	-	-	P
Live to Earth	257.4 V	-	-	P
Equipment Current	0.5 A	-	-	P
Direct Equipment Leakage				P
Open Earth	46.7 uA	500 -		P
Open Earth- Reversed Mains	64.7 uA	500 -		P


Signature