

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. | PWO371983 | Schedule Month | March 2018 |
| Work Order Date | 01/03/2018 | Completed Date | 29/3/2018 |
| Clinic Name | Klinik Pergigian Di Klinik Kesihatan Lat | Clinic Code | WPL001 |
| BE No. | WPL000577 | Distict | LABUAN |
| BE Category | Handpieces, Dental | WO Assigned to | Che Muhammad Atillah |
| Ownership | <input checked="" type="checkbox"/> Existing Equipment | <input type="checkbox"/> Purchase | <input type="checkbox"/> New |
| BE Condition | <input checked="" type="checkbox"/> Active | <input type="checkbox"/> BER Proposed | |
| Work Order Type | <input checked="" type="checkbox"/> Preventive Maintenance (PM) | <input type="checkbox"/> Third Party Calibration (TPC) | |
| | <input type="checkbox"/> Routine Inspection (RI) | <input type="checkbox"/> Statutory Certification (SC) | |

| | |
|-----------------|--|
| Reschedule Date | |
|-----------------|--|

| | | | |
|---|----|------------------------|----|
| BE Third Party Calibration / Statutory Certification Details | | | |
| Company Name | NA | Cal / Cert Date | NA |
| Contact Number | | Cal / Cert Expiry Date | |
| Action Taken ↳ Check chasis, fittings and bur holder. ↳ Clean exterior and interior and do some alignment. ↳ Perform test, unit perform well (functioning Good) | | | |

| Schedule Maintenance Execution Details | | | | |
|---|--|-----------|------------|----------|
| SI No | QMS Engineer / Technician Name | Date | Start Time | End Time |
| | MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231 | 29/3/2018 | 12:00pm | 12:15pm |

| | |
|---|---|
| Customer Remarks | |
| Engineer / Technician Signature Name Date MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2534231 | Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 29/3/18 |



For Internal Use

First Verification
QMS Circle Incharge

JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

DR. LEE
SARIN SATE MANAGER
CLINICAL ENGINEERING CENTER



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BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO: CL-075
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 371983 ASSET NO ▶ WPL000577
MANUFACTURER ▶ C (12) MODEL ▶ 212
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY ☒ PPM HOURS ▶ 0.28

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 |
|----|----------|-------------|-----------|--------------------|
| | | | | |
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PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

| | PASS | FAIL | NA |
|--|-------------|------|----|
| 1 Chassis - verify physical integrity, cleanliness and condition | (✓) () () | | |
| 2 Fittings/ Connectors - check all fittings/connectors | (✓) () () | | |
| 3 Mechanical - Verify condition bearing/O-ring | (✓) () () | | |
| 4 Label - verify physical integrity | (✓) () () | | |
| 5 Burr holder - Check proper operation | (✓) () () | | |

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

| | DONE | NOT DONE | NA |
|--|-------------|----------|----|
| 1 Clean exterior and interior of the equipment | (✓) () () | | |
| 2 Lubricate - Mechanical parts | (✓) () () | | |

Notes:

* 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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Enabling the medical device to save lives

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BEMS Planned Preventive Maintenance Checklist
Handpieces, Dental
BE CODE : 11-161

CHECKLIST NO: CL-075
REV.000

WORK ORDER NO ▶ 120 371937

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

| No | Description | Units / UOM | Set Values | Measured Values | Limit/Tolerance | PASS | FAIL | NA |
|----|-------------|-------------|------------|-----------------|-----------------|------|------|----|
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PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 28/3/2018

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

COMPLETED BY:

MOHD. ASHIMAWI B MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2534231

DATE:

29/3/2018