

Form B03

Scheduled Maintenance Work OrderQuantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

| | | | |
|-----------------|---|--|--------------|
| Work Order No | PWO 340632 | Scheduled Month | January 2018 |
| Work Order Date | 01/01/2018 | Completed Date | 23/1/2018 |
| Clinic Name | Klinik Kesihatan Jalan Oya | Clinic Code | SWK169 |
| BE No | 80NANX008 | District | SIBU |
| Be Category | Analyzer, Lab, Breath, Carbon | WO Assigned to | SIUBME1 |
| Ownership | <input 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 |
|-------|--------------------------------|-----------|------------|----------|
| 022 | WLC. Charles | 23/1/2018 | 1330 | 1400 |
| | | | | |
| | | | | |
| | | | | |

Customer Remarks

| | |
|---|---|
| Engineer / Technician Signature Name Date WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 23/1/18 | Customer Signature Name Designation Date Seal ARTHUR ASAK AK KUMAR Pen Pegawai Perubatan U32 LPPM 5398 |
|---|---|

For Internal Use Only

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions



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Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Breath, Carbon Monoxide

BE CODE : 15-093

CHECKLIST NO: CL-009
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ Pw0340632 ASSET NO ▶ SG1028027
MANUFACTURER ▶ Senko Co. Ltd, MODEL ▶ BMC-2000
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 6-30

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 |
|----|------------|----------------------------|-----------|--------------------|
| | Telsa 0007 | ELECTRICAL SAFETY ANALYZER | 8218043 | 20/12/18 |
| | | GAS ANALYZER | | |
| | | | | |
| | | | | |
| | | | | |

PART 4 QUALITATIVE TASKS

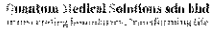
Tick (✓) where appropriate

| | 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/ Displays - verify proper illumination and operation | (✓) | () | () |
| 5 Power Cord - verify proper insulation and integrity | (✓) | () | () | 11 Alarms - verify proper operation and automatic activation | (✓) | () | () |
| 6 Strain Relief - verify physical integrity at both ends of line cord | (✓) | () | () | 12 Calibration | (✓) | () | () |

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

| | DONE | NOT DONE ** | NA | |
|--|-------|-------------|-----|---|
| 1 Clean the exterior and interior of the equipment | (✓) | () | () | Notes: * For all parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose whichever applicable |
| 2 Battery - check/ replace*** | (✓) | () | () | |



BEMS Planned Preventive Maintenance Checklist
Analyzers,Laboratory,Breath,Carbon Monoxide
BE CODE : 15-093

WORK ORDER NO ▶ PWO 340632

Tick (✓) where appropriate

[illegible]

ELECTRICAL SAFETY TEST, (attach report)

☒ NA

not functioning good!

NOT FUNCTIONING

NEXT PPM DATE ▶ JUN 19

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

BIOMEDICAL TECH
QUANTUM MEDICAL SOLUTIONS

DATE: 23/1/18