# Form B03 Scheduled Maintenance Work Order



Quantum Medical Solutions son blod transcending houndaries, transforming life

Format Ref: - QMS/TSD-022 Rev.01

| Work Order No.             | PWO372163                                         | Schedule Month                                                                                                                                                 | March 2018           |  |  |  |  |  |  |  |
|----------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|--|--|--|--|--|--|
| Work Order Date            | 01/03/2018                                        | Completed Date                                                                                                                                                 | 21/3/18              |  |  |  |  |  |  |  |
| Clinic Name                | Klinik Pergigian Sekolah Rendah Jenis             | Clinic Code                                                                                                                                                    | WPL004               |  |  |  |  |  |  |  |
| BE No.                     | WPL000056                                         | Distict                                                                                                                                                        | LABUAN               |  |  |  |  |  |  |  |
| BE Category                | Micromotor                                        | WO Assigned to                                                                                                                                                 | Che Muhammad Atillah |  |  |  |  |  |  |  |
| Ownership                  | Existing Equipment                                | Purchase                                                                                                                                                       | New                  |  |  |  |  |  |  |  |
| BE Condition               | ✓ Active                                          | BER Proposed                                                                                                                                                   |                      |  |  |  |  |  |  |  |
| Work Order Type            | Preventive Maintenance (PM)                       | Third Party Calibration (TPC)                                                                                                                                  |                      |  |  |  |  |  |  |  |
| Work Order Type            | Routine Inspection (RI)                           | Statutory Certificat                                                                                                                                           | ion (SC)             |  |  |  |  |  |  |  |
| Reschedule Date            |                                                   |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
| BE Third Party Calibration | / Statutory Certification Details                 |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
| Company Name               | NA                                                | Cal / Cert Date                                                                                                                                                | NA                   |  |  |  |  |  |  |  |
| Contact Number             |                                                   | Cal / Cert Expiry Date                                                                                                                                         |                      |  |  |  |  |  |  |  |
| checklist)                 |                                                   |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
| Schedule Maintenance Ex    | recution Details                                  |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
| SI No                      | QMS Engineer / Technician Name                    | Date                                                                                                                                                           | Start Time End Time  |  |  |  |  |  |  |  |
|                            | GTERNALIA<br>Errandana atang                      | 21/3/18                                                                                                                                                        | 1500 1530            |  |  |  |  |  |  |  |
|                            | ga a de la                                        |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
|                            |                                                   |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
|                            |                                                   |                                                                                                                                                                |                      |  |  |  |  |  |  |  |
| Customer Remarks           |                                                   | Λ /                                                                                                                                                            | PERCIGIAN            |  |  |  |  |  |  |  |
| Date <u>MOMEDICAL</u>      | ISON<br>NA Prandraj<br>NECHNICIAN, GMS<br>2572640 | Customer Signature  Name  HERMAN NOWI  Designation  Juruteknologi Pergigian  Klinik Pergigian Labuar  Seal  W. P. LABUR  W. P. LABUR  W. P. LABUR  W. P. LABUR |                      |  |  |  |  |  |  |  |

For Internal Use

First Verification

QMS Circle Incharge

Julius Hansun Biomedical Engineen, Came O19-5620179

Final Verification

QMS State Incharge

DICKY LIFE
SASAH STATE MANAGER
CHANCER MEDICAL SOLUTIONS SON BYF

## Quantum Medical Solutions and blid transcending houndaries, transforming his

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Micromotor

BE CODE : DE-019

CHECKLIST NO: CL-096 REV,000

| PA                                                                 | RT 1                    | ASS    | ET D          | ETAIL               | S                                 |                    |           |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
|--------------------------------------------------------------------|-------------------------|--------|---------------|---------------------|-----------------------------------|--------------------|-----------|--------------------------------------------------------------------------------|-------------|------|---------|------------|-------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------------|------------|---------|-------------|------|---|
| WOI                                                                | RK O                    | RDE    | ER NC         | ) >                 | que                               | ٥ 3 <i>٩</i>       | 216       | 3                                                                              |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ASSET NO     | o .     | J             | NTI        | -00     | <i>70</i> 0 | 56   |   |
| MAN                                                                | NUFAC                   | CTU    | RER           | •                   | p-18                              | <b>}</b> -         |           |                                                                                |             |      |         |            |                         |                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MODEL        | ı       | · /           | <i>ルル</i>  | •       |             |      |   |
| FRE                                                                | QUEN                    | ICY    |               | <b>•</b>            | з МОНТІ                           |                    | )         | 6 N                                                                            | MONTH       | !LY  | (       | )          | 12 MONT                 | HLY                                                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PPM HOU      | IRS     | <b>&gt;</b> ( | 7.5        |         | <del></del> |      |   |
| PA                                                                 | RT 2                    | SPE    | CIAL          | PREC                | :AUTION                           |                    |           |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| If the                                                             | ere is e                | evide  | ence o        | of body             | fluid contan                      | nination, s        | submit th | ne di                                                                          | evice fo    | or c | leani   | ng         | and decontam            | natio                                                         | n before insp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pecting It.  |         |               |            |         |             |      |   |
| Wea                                                                | ar appr                 | ropri  | ate P         | ersonne             | el Protection                     | ı Equipme          | ent (PPE  | :) du                                                                          | ıring wo    | ork. |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| Wea                                                                | ar grou                 | ınde   | d elec        | ctrostati           | ic wristband                      | when hai           | ndling Po | СВ                                                                             | or elect    | tron | iic coi | mp         | onents.                 |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| Refe                                                               | er to th                | ie sa  | ifety p       | rocedu              | ire for addition                  | onal preca         | autions a | and (                                                                          | guidan      | ce a | as pe   | r m        | nanufacturer gu         | iidelir                                                       | nes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |         |               |            |         |             |      |   |
|                                                                    |                         |        |               |                     | ent used are                      | duly cali          | brated.   | - Allen                                                                        |             |      |         | - Sec.     |                         | inino.                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| PΑ                                                                 | RT 3                    | TES    | TAP           | PARA                | TUS                               |                    |           |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| Tick                                                               | (V) W                   | here   | appr          | opriate             |                                   |                    |           |                                                                                |             |      |         |            |                         |                                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |         | _             |            |         |             |      |   |
| N                                                                  | 10                      | _      | _ A           | SSET                | NO                                | L                  |           | _                                                                              | DESC        | RIF  | 7TION   | <b>V</b>   |                         |                                                               | SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ERIAL NO     |         |               | CALI       | BRAT    | ION         | UE C | N |
|                                                                    | 1                       |        | E             | SAC                 | 3685                              | ELECTR             | RICAL SA  | 4FE                                                                            | TY AN       | ALY  | YZER    | t          |                         |                                                               | 322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7039         | ·       | $\perp$       |            | 101     | 11/         | 20/  | 2 |
|                                                                    | 2                       | _      |               | m1                  | w.                                | TACHON             | METER     |                                                                                |             | _    |         | _          |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~(           | 14-     |               |            |         |             |      |   |
|                                                                    |                         |        |               |                     |                                   |                    |           |                                                                                |             | _    |         | _          |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| PA                                                                 | RT4                     | QU/    | ALIT <i>A</i> | JIVE I              | TASKS                             |                    |           |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| Tick                                                               | (V) n                   | here   | : appr        | opriate             |                                   |                    |           |                                                                                |             |      |         | - periodic |                         |                                                               | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |         |               |            | oalidid |             |      |   |
|                                                                    | -                       |        |               |                     |                                   |                    | PASS      | 3                                                                              | FAIL        |      | NA      |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               | PASS       |         | A!L         | N.A  |   |
| 1                                                                  |                         |        |               | y physic<br>d condi | cal integrity,<br>ition           |                    |           | ) 1                                                                            | ( )         | (    |         | )          | 8 Fittings/ 6           |                                                               | ectors - checl<br>ctors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | k all        |         | 1             | ( / )      | ) (     | )           | (    | ) |
| 2                                                                  | Mour                    | nt⁄ Fa | asten         | ers - ve            | erify physical                    | l integrity        | (/        | ) (                                                                            | ( )         | (    |         | )          | 9 Controls/<br>controls | Swito                                                         | ches - verify p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oroper opera | ition o | f I           | (/)        | ) (     | )           | (-   | ) |
| 3 Motor - verify proper operation ( ) ( ) ( ) 1 physical integrity |                         |        |               |                     |                                   |                    |           | 10 Indicators/ Displays - verify proper illumination and operation ( ) ( ) ( ) |             |      |         |            |                         |                                                               | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |         |               |            |         |             |      |   |
| 4                                                                  | AC F                    | 'lug · | - verif       | fy integ            | rity                              |                    | (/        | ) +                                                                            | ( )         | ) (  | •       | )          |                         | Alarms/ Interiocks - check all alarms ( ) ( ) ( ) ( available |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         | (/          | / )  |   |
| 5                                                                  | Power<br>integ          |        | ord - v       | zerify pi           | roper insulat                     | tion and           | (/        | )                                                                              | ( )         | ) (  |         | )          | 12 Label - v            | erify p                                                       | physical integ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ırity        |         |               | ( <u>/</u> | ) (     | )           | (    | ) |
| 6                                                                  |                         |        |               | verify p            | physical inte<br>I                | grity at           | (/        | )                                                                              | ( )         | ) (  |         | )          |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| 7                                                                  | Circu<br>exter<br>exter | rnal d | circuit       | r/ Fuse<br>breake   | e - verify integ<br>er and/or rat | grity of<br>ing of | (/        | 5                                                                              | ( )         | (    | ,       | )          |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| РА                                                                 |                         |        |               | TIVE N              | VAINTENAN                         | VCE TAS            | KS        |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| Tick                                                               | :(V) v                  | vhere  | s appr        | opriate             |                                   |                    |           |                                                                                |             |      |         |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
|                                                                    | •                       |        |               |                     |                                   |                    | DONE      | E                                                                              | NOT<br>DONE |      | NA      |            |                         |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| 1                                                                  | Insp                    | ect ,  | Clear         | n Interio           | or and Exter                      | ior                | ¥         | ) (                                                                            | **<br>(     | ) (  |         | )          | Notes:                  |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |         |               |            |         |             |      |   |
| 2                                                                  | Moto<br>appli           |        |               | e/Lubrio            | cate if                           |                    | y         | ) (                                                                            | (           | ) (  | •       | )          | **if                    | you h                                                         | Parts, NA is on the have ticked 'No be whichever the hard and the hard | NOT DONE',   | , then  |               |            |         |             |      |   |
| 2                                                                  | Carb                    | on b   | orush         | - Chec              | k/Repl <del>ace</del> *≴          | ;*                 | /         | ) (                                                                            | (           | ) (  |         | )          |                         | J1100                                                         | 200 VVINGHEVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ы арушсарге  | -       |               |            |         |             |      |   |

## Quantum Medical Solutions adminid grants and promission trend our ing Sit

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Micromotor BE CODE : DE-019

CHECKLIST NO: CL-096 REV,000

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| PART 6    | QUANTITATIVE T                          | ASKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                |               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |           |
| Tick (√)  | where appropriate                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                |               |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |           |
| No        |                                         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | Units /<br>UOM | Set<br>Values | Measured<br>Values | Limit/Tolerance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PASS           | FAIL NA   |
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## Fluke Biomedical

Date 21/03/2018

### Test Setup

Operator ID Calibration Tech Calibration Date

LBNBME

10/01/2019

Firmware Version Serial Number Date & Time JOB Name 2.08.01 ワンフロント 21/03/2018 & 15:21 DUT Information

Equipment Number Serial Number Manufacturer

Model Location Other WPL 000056

NO

NO

AUTO

0

KLINIK PERGIGIAN

IEC62353-Differential

### Template Information

Template Name MICRO
Pause after Power ON NO
Power ON delay 2
Test Speed RAPID
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage
Multi Enclosure Test NO

MICROMOTOR
NO
Pause before Power OFF
Power OFF delay
RAPID
Test Mode
YES
Multi PE Test
YES
Multi Resistore
250V
Randard
Pause before Power OFF
Multi PE Test
Reverse Polarity

Multi Resistore WORST/LAST
Reverse Polarity YES
Classification I

#### PLC Configuration-Applied part setup

AP Name

АР Туре

AP Num

### **ESA615 Test Results**

| Test Name                       | Value    | High Limits | Low Limits | Status |
|---------------------------------|----------|-------------|------------|--------|
| Protective Earth Resistance     | 0.18 Ohm | 0.3         | •          | P      |
| Insulation Resistance           |          |             |            | P      |
| Mains to Protective Earth       | 999 MOhm | -           |            | Р      |
| Mains Voltage                   |          |             |            | P      |
| Live to Neutral                 | 241.2 V  | •           | -          | P      |
| Live to Earth                   | 11.7 V   | <u></u>     | <b>H</b>   | P      |
| Neutral to Earth                | 240.1 V  | -           | -          | P      |
| Equipment Current               | 10.2 A   | _           | -          | P      |
| Differential Leakage            |          |             |            | P      |
| Normal Condition                | 47 uA    | 500         | -          | P      |
| Normal Condition-Reversed mains | 61 uA    | 500         | ~          | P      |

Signature

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