

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

Work Order No.	PWO358589	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	15/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rembau	Clinic Code	NSB234
BE No.	NSB005898	Distict	REMBAU
BE Category	Amalgamators	WO Assigned to	ISHA
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details

Company Name	MA	Cal / Cert Date	MA
Contact Number		Cal / Cert Expiry Date	

Action Taken

PPM JOB DONE

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ISHA	15/3/18	0930	1000

Customer Remarks	MA
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Engineer / Technician Signature Name ISHA Date 15/3/18 ZUZALISHA HJ ZUBIR BIOMEDICAL ENGINEER QUANTUM MEDICAL SOLUTION SDN BHD (868557-V)	Customer Signature Name Designation DR. NURUL SYAHIDA BT MD ANUAR (No. Pendaftaran Penuh MDC: 3500) Date Seal 15/3/18 Klinik Pergigian Rembau Negeri Sembilan Darul Khusus
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For Internal Use

First Verification

QMS Circle Incharge

NOR AZLINA MOHD ISHA
Circle In Charge CCP
Quantum Medical Solutions Sdn Bhd
(012-396 2139)

15/3/18

Final Verification

QMS State Incharge

ZARIZA HUSSAIN
State Manager
Quantum Medical Solutions Sdn Bhd
(012-367 1277)

15/3/18



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BEMS Planned Preventive Maintenance Checklist

Amalgamator

BE CODE : 10-082

CHECKLIST NO : CL-002
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PO0358589 ASSET NO ▶ MSB00559A
MANUFACTURER ▶ Dentsply International Inc MODEL ▶ PRIMIX 401
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 0.5

PART 2 SPECIAL PRECAUTION

If there is evidence of body fluid contamination, submit the device for cleaning and decontamination before inspecting it.

Wear appropriate Personnel Protection Equipment (PPE) during work.

Wear grounded electrostatic wristband when handling PCB or electronic components.

Refer to the safety procedure for additional precautions and guidance as per manufacturer guidelines.

Make sure the test equipment used are duly calibrated.

PART 3 TEST APPARATUS

Tick (✓) where appropriate

NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
1	<u>TEESA0130</u>	ELECTRICAL SAFETY ANALYZER	<u>3246906</u>	<u>7/11/18</u>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	9 Controls/Switches - verify proper operation of controls	(✓)	()	()
3 Amalgam mixer test - verify operation	(✓)	()	()	10 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()
4 AC Plug - verify integrity	(✓)	()	()	11 Alarms/ Interlocks - check all alarms available	(✓)	()	()
5 Power Cord - verify proper insulation and integrity	(✓)	()	()	12 Motor - verify proper operation	(✓)	()	()
6 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	13 Label - verify physical integrity	(✓)	()	()
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()	14 Safety feature - verify proper operation	(✓)	()	()

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate


	DONE	NOT DONE	NA
1 Inspect, Clean Interior and Exterior	(✓)	()	()

Notes:

* For all parts, NA is defined as NOT APPLICABLE

** If you have ticked 'NOT DONE', then justify in Part 8

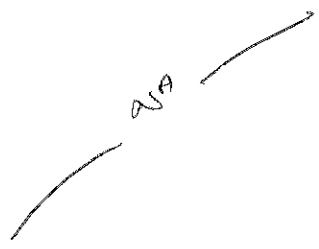
*** Choose whichever applicable

 Quantum Medical Solutions Sdn Bhd 42, Second Ring Road, 10450 Kuala Lumpur	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Amalgamator BE CODE : 10-082	CHECKLIST NO : CL-002 REV.000
	WORK ORDER NO ▶ <u>PWD 858589</u>	
	PART 6 QUANTITATIVE TASKS	

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601) <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA

PART 8 NOTES <div style="text-align: center; height: 200px;">  </div>
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<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING
WORK ORDER NO ▶ _____ NEXT PPM DATE ▶ <u>MAC19</u>

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

COMPLETED BY: 15/1/18

DATE: 15/3/18

FLUKE BIOMEDICAL

Date 16/5/2018

Test Setup

Operator ID QMS N.SEMBILAN-2
Calibration Tech DINA
Calibration Date 11/30/2017
Firmware Version 2.08.01
Serial Number 3246906
Date & Time 15/03/2018 & 13:56
JOB Name

DUT Information

Equipment Number NSB005898
Serial Number
Manufacturer
Model
Location KPR
Other

Template Information

Template Name 62353 CLASS II
Pause after Power ON NO
Power ON delay 2
Test Speed NORMAL
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 500V
Multi Enclosure Test NO


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

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	234.8 V	-	-	P
Equipment Current	0.0 A	-	-	P
Direct Equipment Leakage				P
Open Earth	0.6 uA	100	-	P
Open Earth-Reversed Mains	0.6 uA	100	-	P


Signature