

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

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

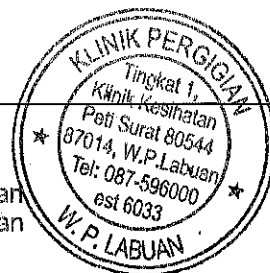
Work Order No.	PWO371996	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	29/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000603	Distict	LABUAN
BE Category	HANDPIECES, DENTAL	WO Assigned to	Che Muhammad Atillah
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<input type="checkbox"/> BER Proposed	
Work Order Type	<input checked="" type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA
Action Taken ↳ Check class fittings, and bur holder ↳ Clean exterior and do some alignment. ↳ Perform test, unit perform well (FUNCTIONING GOOD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		29/3/2018	12:00pm	12:15pm
			10:30am	10:45am


Customer Remarks	
Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
 MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	 HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 29/3/18

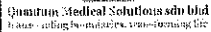


For Internal Use

First Verification
QMS Circle Incharge
JULIUS HANSUN
BIOMEDICAL ENGINEER, QMS
019-3620179

Final Verification
QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, time-forcing life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental BE CODE : 11-161	CHECKLIST NO: CL-075 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <u>PW 37 1996</u>		ASSET NO ▶ <u>W100603</u>		
MANUFACTURER ▶ <u>Nu</u>		MODEL ▶ <u>Nu</u>		
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY <input checked="" type="checkbox"/>		PPM HOURS ▶ <u>0.25</u>		
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
PART 4 QUALITATIVE TASKS				
Tick (✓) where appropriate				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	
3 Mechanical - Verify condition bearing/O-ring	(✓)	()	()	
4 Label - verify physical integrity	(✓)	()	()	
5 Burr holder - Check proper operation	(✓)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
Tick (✓) where appropriate				
	DONE	NOT DONE **	NA	
1 Clean exterior and interior of the equipment	(✓)	()	()	
2 Lubricate - Mechanical parts	(✓)	()	()	



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

CHECKLIST NO:CL-075
REV.000

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60801)

☐ PASS☐ FAIL☒ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE 10/3/2019

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

COMPLETED BY:

MOHD. ASHMAWI B MOHD NISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2534231

DATE :

29/3/2018