

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.  | PWO365300   | Schedule Month   | June 2018                    |
| Work Order Date | 01/06/2018  | Completed Date   | 26/6/18                      |
| Clinic Name     | Klinik Kesihatan Tanjung Sedili                                 | Clinic Code  | JHR048                       |
| BE No.          | JHR008873   | Distict  | KOTA TINGGI                  |
| BE Category     | Analyzers, Laboratory, Hematology                               | WO Assigned to   | KTB & ME1                    |
| 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 | N/A |
|-----------------|-----|

## 3E Third Party Calibration / Statutory Certification Details

|                |  |                        |  |
|----------------|--|------------------------|--|
| Company Name   |  | Cal / Cert Date        |  |
| Contact Number |  | Cal / Cert Expiry Date |  |

Action Taken

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer : Nihon Kohden.

☐ Corrective Maintenance / ☐ Breakdown Modal :

BE Sticker Availability : ☒ Yes / ☐ NA Serial No :

Remarks : Unit under breakdown. Waiting repair by Medi-Diagnostika. pvm will be complete after machine ok.

## Schedule Maintenance Execution Details

| SINo | QMS Engineer / Technician Name | Date    | Start Time      | End Time         |
|------|--------------------------------|---------|-----------------|------------------|
| N/A  | Shalwana                       | 26/6/18 | 9 <sup>30</sup> | 10 <sup>00</sup> |
|      |                                |         |                 |                  |
|      |                                |         |                 |                  |
|      |                                |         |                 |                  |

Customer Remarks

N/A

|                                 |                    |
|---------------------------------|--------------------|
| Engineer / Technician Signature | Customer Signature |
| Name                            | Name               |
| Date                            | Designation        |
|                                 | Date               |
|                                 | Seal               |

NOORSHALWANA BINTI LATIP  
Biomedical Engineer  
Quantum Medical Solutions Sdn. Bhd.  
26/6/18 012-3962428

GEVELAN ANAK JIHOB  
JURUTEKNOLOGI MAKMAL PERUBATAN U29  
KLINIK KESIHATAN TANJUNG SEDILI  
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For Internal Use

MUHD RAMAHDAN B. TAMAR JAYA  
Biomedical Engineer  
First Verification  
QMS Circle Incharge  
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Final Verification  
QMS State Incharge



# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Analyzers, Laboratory, Hematology, Cell Counting, Automated ( Medium)  
BE CODE ME-009

CHECKLIST NO: CL-015-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO365300 BE NO ▶ JHR-008873  
MANUFACTURER ▶ nihon kohden MODEL ▶ Te 5214  
FREQUENCY ▶ 6 MONTHLY ( / ) 12 MONTHLY ( ) PPM HOURS ▶ 2.00

## 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  | W 1A     | ELECTRICAL SAFETY ANALYZER | W 1A      |                    |
|    |          |                            |           |                    |
|    |          |                            |           |                    |
|    |          |                            |           |                    |

## PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

|   | PASS | FAIL | NA  |  | PASS | FAIL | NA  |
|---|------|------|-----|--|------|------|-----|
| 1 Chassis - verify physical integrity, cleanliness and condition      | ( )  | ( )  | ( ) | 11 Probes- Verify physical integrity   | ( )  | ( )  | ( ) |
| 2 Mount/ Fasteners - verify physical integrity                        | ( )  | ( )  | ( ) | 12 Temperature system- verify proper operation                               | ( )  | ( )  | ( ) |
| 3 Power Cord - verify proper insulation and integrity                 | ( )  | ( )  | ( ) | 13 Fan/motor/compressor/pump- verify physical integrity and proper operation | ( )  | ( )  | ( ) |
| 4 Strain Relief - verify physical integrity at both ends of line cord | ( )  | ( )  | ( ) | 14 Initialization Process- Verify  | ( )  | ( )  | ( ) |
| 5 Fittings/ Connectors - check all fittings/connectors                | ( )  | ( )  | ( ) | 15 Printer - Verify physical operation.                                      | ( )  | ( )  | ( ) |
| 6 Controls/Switches - verify proper operation of controls             | ( )  | ( )  | ( ) | 16 User Setting - Verify Operation   | ( )  | ( )  | ( ) |
| 7 Indicators/Displays- verify proper operation                        | ( )  | ( )  | ( ) | 17 User calibration - Verify Operation                                       | ( )  | ( )  | ( ) |
| 8 Electrodes and Transducer -verify physical integrity                | ( )  | ( )  | ( ) | 18 Self Diagnostic - Verify Operation  | ( )  | ( )  | ( ) |
| 9 Hydraulics and Pneumatics System-verify physical integrity          | ( )  | ( )  | ( ) | 19 Plate movement calibration - Verify Operation                             | ( )  | ( )  | ( ) |
| 10 Sensors- verify physical integrity                                 | ( )  | ( )  | ( ) |  |      |      |     |

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

|  | DONE | NOT DONE ** | NA  |                              | DONE | NOT DONE ** | NA  |
|--|------|-------------|-----|------------------------------|------|-------------|-----|
| 1 Clean exterior and interior of the equipment | ( )  | ( )         | ( ) | 6 Clean measuring area       | ( )  | ( )         | ( ) |
| 2 Inspect/clean interior of unit               | ( )  | ( )         | ( ) | 7 Calibrate system parameter | ( )  | ( )         | ( ) |
| 3 Clean hydraulics and pneumatic system        | ( )  | ( )         | ( ) | 8 Perform Post routine       | ( )  | ( )         | ( ) |
| 4 Tubings - clean/ replace ***                 | ( )  | ( )         | ( ) |                              |      |             |     |
| 5 Clean sampling mechanism                     | ( )  | ( )         | ( ) |                              |      |             |     |

Notes:

\* For all Parts, NA is defined as NOT APPLICABLE  
\*\* If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable

