

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
empowering healthcare, transforming life

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

Work Order No.	PWO372026	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000584	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Ashmawi
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 chassis, fittings and burr holder.
 ↳ Clean ~~exterior~~ 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
	MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231	27/3/2018	9.15 am	10.00 am

Customer Remarks

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

MOHD. ASHMAWI & MOHD HISHAM
BIOMEDICAL TECHNICIAN, QMS
019-2634231

HERMAN NOWI
Juruteknologi Pergigian
Klinik Pergigian Labuan

27/3/2018

26/4/18

KLINIK PERGIGIAN
Tingkat 1,
Klinik Kesihatan
Peti Surat 80544
87014, W.P. Labuan
Tel: 087-596000
est 6033
W.P. LABUAN

For Internal Use

First Verification
QMS Circle Incharge

JULIUS LIANSUN
BIOMEDICAL ENGINEER, QMS
019-3626179

Final Verification
QMS State Incharge

Signature of State Incharge



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BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-181

CHECKLIST NO: CL-075
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 372026 ASSET NO ▶ WPL000584 84
MANUFACTURER ▶ W H MODEL ▶ A 12
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓) PPM HOURS ▶ 0.25

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	(✓) () ()		

Notes:

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

 <small>Quantum Medical Solutions sdn bhd by automating biomedical services, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental <small>BE CODE : 11-161</small>	<small>CHECKLIST NO: CL-075 REV.000</small>
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WORK ORDER NO ▶ PM 372026

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)

☐ PASS
 ☐ FAIL
 ☒ NA

PART 8 NOTES

<input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED	<input checked="" type="checkbox"/> FUNCTIONING	<input type="checkbox"/> NOT FUNCTIONING
WORK ORDER NO ▶ <u>NA</u>	NEXT PPM DATE ▶ <u>26/3/2019</u>	

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

COMPLETED BY: **MOHD. ASHMAWI B MOHD HISHAM**
 BIOMEDICAL TECHNICIAN, QMS
 019-2534231

DATE: 27/3/2018