

Form B03

# Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life  
Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0339911	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	22/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWR004698	District	SIBU
Be Category	Ophthalmoscopes	WO Assigned to	SIUBME1
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

## BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

## Action Taken

To do ppm as per checklist attached.

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
02/2	WEDNESLEY JIMMY	22/1/2018	8:00	8:30
	Charles			

## Customer Remarks

Engineer / Technician Signature Name Date  WEDNESLEY JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 22/1/18	Customer Signature Name Designation Date Seal  ARTHUR ASAK AK Pen Pengeraja Perubatan LPPM 5306
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For Internal Use Only

First Verification

QMS Circle Incharge

James Bo  
Sr. Biomedical Engineer  
Quantum Medical Solutions

Final Verification

QMS State Incharge



Quantum Medical Solutions Sdn Bhd

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Ophthalmoscopes

SE CODE : 12-315

CHECKLIST NO: CL-104  
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO339911 ASSET NO ▶ SWK004687

MANUFACTURER ▶ CHIRON MODEL ▶ Chiron 2020

FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ 0.20

**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
		ELECTRICAL SAFETY ANALYZER	X12	

**PART 4 QUALITATIVE TASKS**


Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	( )	( )	8 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )
3 Cables - verify integrity	( )	( )	(✓)	9 Controls/Switches - verify proper operation of controls	(✓)	( )	( )
4 AC Plug - verify integrity	( )	( )	(✓)	10 Indicators - verify proper illumination and operation	( )	( )	(✓)
5 Power Cord - verify proper insulation and integrity	( )	( )	(✓)	11 Check Charger - verify proper operation	( )	( )	(✓)
6 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	(✓)	12 Check lamp holder	(✓)	( )	( )

**PART 5 PREVENTIVE MAINTENANCE TASKS**

Tick (✓) where appropriate

	DONE	NOT DONE	NA		DONE	NOT DONE	NA
1 Clean exterior and interior of the equipment	(✓)	( )	( )	4 Check/replace battery	( )	( )	( )
2 Clean lens dial	(✓)	( )	( )	5 Check / replace lamp	( )	( )	( )
3 Clean filters	(✓)	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 3 *** Choose Whichever Applicable			

	<b>Quantum Medical Solutions Sdn Bhd</b> BEMS Planned Preventive Maintenance Checklist Ophthalmoscopes BE CODE : 12-815	CHECKLIST NO: GL-104 REV.000
	WORK ORDER NO ▶ <b>PW0339911</b>	

**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 80801)

☐ PASS
 ☐ FAIL
 ☒ NA

**PART 8 NOTES**

to +  
 unit functioning well.

☐ CORRECTIVE MAINTENANCE REQUIRED
 ☒ FUNCTIONING
 ☐ NOT FUNCTIONING

WORK ORDER NO ▶ \_\_\_\_\_

NEXT PPM DATE ▶ Jan 19

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

COMPLETED BY:

WEDNISLEYJI JIMMY  
 BIOMEDICAL TECH  
 QUANTUM MEDICAL SOLUTIONS

DATE:

02/11/18