

Form B03

Scheduled Maintenance Work Order



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

Work Order No.	PWO372075	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000579	Distict	LABUAN
BE Category	Dental Delivery Units	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	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	

Action Taken

↳ Check chassis, fittings, handpiece, leaking, ~~padle~~ padle and hub handpiece.
 ↳ Clean exterior and interior then perform test.
 ↳ Unit perform well, (functioning good)

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ENGINEER / TECHNICIAN, QMS	27/3/18	1415	1515

Customer Remarks


Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
 CHERMIEA LABUAN ENGINEER / TECHNICIAN, QMS 019-2573040 27/3/18	 HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 27/3/18



For Internal Use

First Verification
 QMS Circle Incharge
 JULIUSTIAN SUN
 BIOMEDICAL ENGINEER, QMS
 019-3620179

Final Verification
 QMS State Incharge

 Quantum Medical Solutions sdn bhd <small>transforming healthcare, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Dental Delivery Units BE CODE : 11-165	CHECKLIST NO: CL-052 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶	RMO 37 20 75	ASSET NO ▶	WPL 00579				
MANUFACTURER ▶	ML	MODEL ▶	a12				
FREQUENCY ▶	3 MONTHLY () 6 MONTHLY () 12 MONTHLY (<input checked="" type="checkbox"/>)		PPM HOURS ▶	1.0			
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							
<i>Tick (✓) where appropriate</i>							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
	NA	ELECTRICAL SAFETY ANALYZER	NA	NA			
	NA	PRESSURE GAUGE	NA	NA			
PART 4 QUALITATIVE TASKS							
<i>Tick (✓) where appropriate</i>							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Motor/Pump/Compressor - verify operation	()	()	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	9 Solenoid valve - Inspect, verify operation	(✓)	()	()
3 Cables - verify integrity	(✓)	()	()	10 Foot switch - verify operation	(✓)	()	()
4 Tubes/Hoses - check condition of all tubing, all hoses	(✓)	()	()	11 Label - verify physical integrity	(✓)	()	()
5 Power Cord - verify proper insulation and integrity	(✓)	()	()				
6 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()				
7 Indicators/ Displays - verify proper illumination and operation	(NA)	()	(✓)				
PART 5 PREVENTIVE MAINTENANCE TASKS							
<i>Tick (✓) where appropriate</i>							
	DONE	NOT DONE**	NA	Notes:			
1 Clean exterior and interior of the equipment	(✓)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Filters - Check/Clean / <u>Change</u> ***	(✓)	()	()				
3 O-Rings/Diaphragms/Hoses /Filters - Check /Clean / <u>Change</u> ***	(✓)	()	()				



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BEMS Planned Preventive Maintenance Checklist

Dental Delivery Units

BE CODE : 11-185

CHECKLIST NO: CL-052 REV.000

WORK ORDER NO ▶

Pmo 372075

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Incoming water pressure*		60	NA		(✓)	()	(✓)
	Incoming Air pressure*		40	NA		(✓)	()	(✓)
	Vacuum*					()	()	(✓)
	*refer manufacturer's recommended min & max limits							

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(in accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NA

NEXT PPM DATE ▶

26/2/19

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

COMPLETED BY:

DATE:

27/3/18