## Form B03

## Scheduled Maintenance Work Order



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

Work Order	No	Ms PWO 465000	Sch										
Work Order	Date	W/0 01/01/2019	Con	npleted Date	17/1/2019								
Clinic Name		K. K MENGCEMBG	Clin	ic Code	PREC36								
BE No		PR600)486	Dist	rict	KINTA								
BE Category	′	Hemptococy prouperin	wo	Assigned to	LOOR DO	ORNI							
Ownership		Existing Equipment		MEET Equipment		41.31.4							
BE Condition	1	Under Warranty	☐ BER Proposed										
Work Order Type		Preventive Maintenance (PM)	Third Party Calibration (TPC)										
Work Order	Type	Routine Inspection (RI)	Statutory Certification (SC)										
Reschedule [	Date												
BE Third Pa	arty Cal	libration / Statutory Certification Details			- 2	1							
Company Na	ime	$\sim l_{D}$	Cal /	Cert Date	N/O								
Contact Num	ber	n/p	Cal /	Cert Expiry Date	WP								
Ppm Cemp UTCO B5 PEN CHECKUST. Manufacturer: SYSMEX  Model: kx 21  S/N: B 0773  Purchase Date: 1/3/2007  Kewpa No: KKM/SKN/PKD/KK/of													
Schedule Ma	intena	nce Execution Details											
SI No		QMS Engineer / Technician Name		Date	Start Time	End Time							
1 0	0000	open		17/1/2019	9:00	11:90							
		2											
Customer Remarks * QC MOTERIPL NET DUDILDBER DT SITE.													
Engineer / Teo Name Date / 7 / <sub>1</sub>	/20	NOOR AZARUL BAHAMAD PERAK LAB SPETALIST Quantum Medical Society San. Bhd No 10 B, Persiann Greentown 4c Greentown Avenue, 30450 Ipoh, Perak	Customer Signature  Name  Designation  Date  Date  Seal  Customer Signature  Raja Melissa Hafiza Bt Raja Saiful Bahri  Juruteknologi Makmal Perubatan U29  Klinik Kesihatan Buntang Menglembu										

For Internal Use only

First Verification

QMS Circle Incharge

Final Verification QMS State Incharge



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist Analyzers, Laboratory, Hematology, Cell Counting, Automated ( Medium)

CHECKLIST NO:CL-015-003 REV.000

P	ART 1	ASSET DETAILS																			
WORK ORDER NO NO PWO465002.									BE NO	-	P	R	le	00	)	48	8				
MANUFACTURER ► SYSMEX									MODEL	>	<b>к</b> )	X21									
FREQUENCY ► 6 MONTHLY ( / ) 12 MONTHLY ( )									PPM HOUR	s Þ	2.0	00									
P	PART 2 SPECIAL PRECAUTION																				
If ti	nere is	evidence of body fluid contar	mination,	su	bmit	the	e dev	vice fo	or c	leanin	g and	d decontamination	on before inspecting it.	Elization (m)	Washington.	Book engage			Angeler (Control	Minne	
		propriate Personnel Protection									- 17				-						
We	ear gro	unded electrostatic wristband	l when ha	ınd	ling	PC	B or	elect	tron	ic com	pone	ents.									
Re	fer to t	he safety procedure for additi	onal prec	au	tions	s ar	nd gu	uidand	ce a	as per	man	ufacturer guideli	nes.								
Ма	ke sur	e the test equipment used are	e duly cal	ibra	ated																
P	ART 3	TEST APPARATUS																			
Tic	k(V)	where appropriate																			
-	NO-	ASSET NO					D	ESC	RIP	TION			SERIAL NO			CAI	LIBI	RATIC	) N (	DUE	ON
	~	n/0-	ELECTR	RIC	AL S	SAF	ETY	Y ANA	ALY	ZER				<b>7</b>	12-						
-		10 10	Carlotte Charles Consum	500000		7.97.300	10000000	2000 m. 1000	2800000						-//	D	_				
							7			11					_				_		
																881					
PA	RT4	QUALITATIVE TASKS																			
-0.1505-000		where appropriate		R. Francis									The Service Control of				i Free	Millyma		LITY ST	
		AND AND SITE STORMAN AND AND AND AND AND AND AND AND AND A		1	PAS	S	F	AIL		NA					Р	ASS	3	FAIL	-	N	Ą
1	Chas	ssis - verify physical integrity,		(	1	)	(	)	(	)	10	Printer - Verify	Operation		(	ĺ	)	(	)	ſ	)
	clear	nliness and condition		,	1					,		5									
2	Mour	nt/ Fasteners - verify physical	integrity	(	/	)	(	)	(	)	11	Rolling Pump t	tubing -Verify Physical Integ	rity	(	/	)	(	)	(	)
3	Cable	es - verify integrity		(	1	)	(	)	(	)	12	Solenoid Valve	e- Verify Operation		( )		)	(	)	(	)
AC Plug / Power Cord- verify Proper Insulation and integrity			er	(	/	)	(	)	(	)	13	Vaccum and P Integrity	ressure Pump -Verify Phys	cal	( ,	/	)	(	)	(	)
5 Strain Relief - verify physical integrity at both ends of line cord			jrity at	(	/	)	(	)	(	)	a.	Vaccum =0.03 Displaying 0.03			(		)	(	)	(/	)
6 Fittings/ Connectors - check all fittings/connectors				(	/	)	(	)	(	)	b.	Vaccum =0.05 Displaying 0.05			(		)	(	)	(/	)
7 Controls/Switches - verify proper operation of controls			peration	(		)	(	)	(	)	14	Sample Probe	- Verify Integrity		( ,	<i>j</i>	)	(	)	(	)
8 Indicators /Displays - Verify Proper			٢	(	1	)	(	)	(	)	15	Controller Boar	rd - Verify Physical Integrity		(	/	)	(	)	(	)
illumination and Operation  9 Plunger & Syringe Motor drive - Verify physical integrity and operation			erify	(	1	)	(	)	(	)											
PA		PREVENTIVE MAINTENANG	CE TASK	S																	
200 AG				11121-11		_		ОТ										NOT		<i>2011</i>	High
rick	(V) w	here appropriate		L	OON	Ε		NE **	1	NA					DO	ONE	Ξ,	DONE **	Ē	NΑ	•
1		ct / Clean exterior and interior	r of the	(	1	)	(	)	(	)	8	Run Auto Clear	n		( /		)	(	)	(	)
2	equip Trans	ment sducer Clean and Verify integr	rity	(	1	)	(	)	(	)	9	SRV -Clean an	d Check Condition		( )	,	)	(	)	(	)
3		Kits - Replace if needed		(	1	)		)		)	10	Run daily Shuto	down		( )		)		)		)
4				(	,	)		)		)			tion Probe - Clean and Che	ck	. /	,			)		)
Operation 5 Fan Filter -Clean and replace if needed				1	/	)		)		)		Condition	d Lyse pump tubing - Clear		50 60				)		)
										,		Replace if Nece	essary			,				8	,
6 Aperture Plates - Clean and Check Condition			Ç		/,			)	(	)	13	Waste Champe	er - Clean and Check Condi	tion	(	/	)	(	)	(	)
7 Diluent Syringe, Sample Syringe, Sample aspiration Probe- Clean and Check Condition				(	/	)	(	)	(	)	14	Condition	holder - Clean and Check Parts, NA is defined as NO	T AF	( PPLIC		) LE	(	)		)
											Note	es: ** If you I	have ticked 'NOT DONE', the Whichever Applicable					8			



## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

CHECKLIST NO:CL-015-003 REV.000

Analyzers, Laboratory, Hematology, Cell Counting, Automated ( Medium) BE CODE : ME-009 PW0465002 . WORK ORDER NO > PART 6 QUANTITATIVE TASKS Tick ( √ ) where appropriate Units / Set Measured Description Limit/Tolerance PASS FAIL NA MOU Values Values Background Check 0-6 WBC x10<sup>6</sup>/uL 0.00 0.01 ≤0.02 1.2 0-0 0- C 1.3 a/dL ≤0.1 1.4 PLT x10<sup>3</sup>/uL ≤10 2 Pressure/Vacuum Check kg/cm² 0.50 2.1 Pressure 0.5kg/cm<sup>2</sup> 0.4-0.6 2.2 Vacuum 250mmHg 230-270 3 Run QC Test and attach printout High level Medium Level Low Level Run Precision Check PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) Tick ( \ ) where appropriate Standard use IEC 60601 IEC 61010 IEC 62353 PASS FAIL PART 8 NOTES Part 5 : Item 3 As needed Maintenance Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any): 1. Clean/Replace air filter - Replace at least once a year (part no. 443 - 2477 - 4) 2. Replace waste tubing (part no. 442 - 5340 - 413) 3. Check/Replace Dirty Tubing - Replace at least once a year ( part no. 442-5055-413) 4. Check/Replace shaft fixture no. 60 and shaft no. 276 CORRECTIVE MAINTENANCE REQUIRED NOT FUNCTIONING **FUNCTIONING** NEXT PPM DATE - JUCY 19 WORK ORDER NO ▶ PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. NOOR AZARUL & AHAMAD
PERAK LAB SPECIALIST
Quantum Medical Schifton Sdn. Bhd
No 40 B, Persiaan Greentown 4c
Greentown Averue, 80450 Ipoh, Perak
Tel/fax: 05-2461991/Hp: 012-39648013 COMPLETED BY: