

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.	PWO358993	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	23/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rembau	Clinic Code	NSB234
BE No.	NSB005901	Distict	REMBAU
BE Category	Trimmers, Model, Dental	WO Assigned to	ISHA
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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3E Third Party Calibration / Statutory Certification Details			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
Action Taken -PPM JOB DONE			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	ISHA	23/3/18	1000	1030

Customer Remarks	NA
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Engineer / Technician Signature Name ISHA Date 23/3/18 ZULAILISHAH ZUBIR BIOMEDICAL ENGINEER QUANTUM MEDICAL SOLUTION SDN BHD (888557-V)	Customer Signature Name SYAHIDA BT MD ANUAR Designation (No. Pendaftaran Penuh MDC: 3500) Pegawai Pergigian Klinik Pergigian Rembau Negeri Sembilan Darul Khusus Date 23/3/18 Seal
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For Internal Use

First Verification

QMS Circle Incharge

NOR AZLINA MOHD ISHA
Circle In Charge CC5
Quantum Medical Solutions S/B
(012-396 2139)


23/3/18


Final Verification

QMS State Incharge

ZARIZA HUSSAIN
State Manager
Quantum Medical Solutions S/B
(012-367 1277)

23/3/18

 Quantum Medical Solutions Sdn Bhd <small>transforming boundaries, redefining life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Trimmers, Model, Dental BE CODE : 99-902	CHECKLIST NO: CL-160 REV.000					
PART 1 ASSET DETAILS							
WORK ORDER NO ▶ PWO 858902		ASSET NO ▶ NSB005901					
MANUFACTURER ▶ Handler Red wmg		MODEL ▶ ALA-8 31X-CE					
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)		PPM HOURS ▶ 0 - 5					
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			
	TEES P0150	ELECTRICAL SAFETY ANALYZER	3242806	7/11/18			
PART 4 QUALITATIVE TASKS							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Controls/Switches - verify proper operation of controls	(✓)	()	()
2 Casters/Brakes - if mounted, verify physical integrity	(✓)	()	()	9 Motor - verify proper operation	(✓)	()	()
3 AC Plug - verify integrity	(✓)	()	()	10 Suction - verify operation	()	()	(✓)
4 Power Cord - verify proper insulation and integrity	(✓)	()	()	11 Alarms/ Interlocks - check all alarms available	(✓)	()	()
5 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12 Label - verify physical integrity	(✓)	()	()
6 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	()	()				
7 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()				
PART 5 PREVENTIVE MAINTENANCE TASKS							
Tick (✓) where appropriate							
	DONE	NOT DONE	NA	Notes:			
1 Inspect, Clean Interior and Exterior	(✓)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
2 Motor - check, lubricate if necessary	(✓)	()	()				
3 Align/ Adjust mechanical components	(✓)	()	()				

 <small>Quantum Medical Solutions sdn bhd transforming healthcare, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Trimmers, Model, Dental <small>BE CODE : 99-902</small>	<small>CHECKLIST NO: CL-160 REV.000</small>						
WORK ORDER NO ▶ PW0358993								
PART 6 QUANTITATIVE TASKS								
<small>Tick (✓) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA 3
PART 7 ELECTRICAL SAFETY TEST								
ELECTRICAL SAFETY TEST, (attach report) <small>(In accordance to IEC 60601)</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NA </div>								
PART 8 NOTES								
<p>Part 8</p> <p>Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :</p> <div style="text-align: center; font-size: 2em; margin-top: 50px;">NA</div>								
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED <input checked="" type="checkbox"/> FUNCTIONING <input type="checkbox"/> NOT FUNCTIONING </div>								
WORK ORDER NO ▶ _____						NEXT PPM DATE ▶ MAE19		
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> COMPLETED BY: STA								
DATE: 23/2/18								

FLUKE BIOMEDICAL

Date 16/5/2018

Test Setup

Operator ID QMS N.SEMBILAN-2
Calibration Tech DINA
Calibration Date 11/30/2017
Firmware Version 2.08.01
Serial Number 3246906
Date & Time 23/03/2018 & 12:01
JOB Name

DUT Information

Equipment Number NSB005901
Serial Number
Manufacturer
Model
Location KPR
Other

Template Information

Template Name 62353 CLASS II
Pause after Power ON NO
Power ON delay 2
Test Speed NORMAL
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 500V
Multi Enclosure Test NO

Standard IEC62353-Direct
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification II

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Mains Voltage				P
Live to Neutral	234.5 V	-	-	P
Equipment Current	0.0 A	-	-	P
Direct Equipment Leakage				P
Open Earth	0.7 uA	100	-	P
Open Earth-Reversed Mains	0.6 uA	100	-	P


Signature