## Form B03

# **Scheduled Maintenance Work Order**



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

BE Third Party Calibration / Statutory Certification Details  Company Name  Contact Number  Co	-	7		- Office (	ter. Q1119/190 022 Nev.
Clinic Name    C.K. I. S. PARTT BUNTOR   Clinic Code   PRLOTT BE NO   PRLO30518   District   CERIDN	Work Order No	No pw0410505	Scheduled Month	January 2019	
BE No PRK 03 0 5 1 8  BE Category HMDTOLOGY PANCUTROM WO Assigned to ACR DDODUL Ownership Existing Equipment	Work Order Date	~/p 01/01/2019	Completed Date	8/1/2	2/9
BE Category   HMDTO-DGGY PANCUSTA   WO Assigned to   PORT DSDOWN   Ownership   Existing Equipment   MEET Equipment     BE Condition   Under Warranty   BER Proposed     Work Order Type   Preventive Maintenance (PM)   Third Party Calibration (TPC)     Routine Inspection (RI)   Statutory Certification (SC)     Reschedule Date     BE Third Party Calibration / Statutory Certification Details     Company Name   No   Cal / Cert Date   Cal / Cert Expiry Date     Action Taken   PARCHICLE PROGRAM HOS DEGRAM USING   Wanufacturer   SYSMEX     Manufacturer   SYSMEX   Model   SPIRO   SPIRO	Clinic Name	K.K.I.S PARITBUNTOR	Clinic Code	PRK077	
Ownership	BE No	PRK030548	District	KERION	
BE Condition Under Warranty BER Proposed  Work Order Type Routine Inspection (RI) Third Party Calibration (TPC) Reschedule Date  BE Third Party Calibration / Statutory Certification Details  Company Name Cal / Cert Expiry Date  Contact Number Cal / Cert Expiry Date  Action Taken  PPM COMP CFRO DS PER CHECKLIST Manufacturer:  **GENERIC REDGENT HOS DEEN USING SIN ALSOS  CONSTRUCTOR THE NEW RBC MIXING SIN ALSOS  SIN ALSOS  Schedule Maintenance Execution Details  SINO QMS Engineer / Technician Name Date Start Time End Time  I PROMUCE COMPANIO COLUMN INSURED SIN ALSOS  CUSTOMER Remarks  CURRIAT CC MATCRING VOLUME INSURPLICATION ACT OR SCHEDULE SIN ALSOS  Greentown Action Signature  NOOR AZARUL B AHAMAD DESIgnation Date  NOOR AZARUL B AHAMAD DESIgnation Persk  Greentown Acene Six Start Date Persk  Greentown Acene Six Start Date Persk  Customer Signature Name  NOOR AZARUL B AHAMAD DESIgnation Date  NOOR AZARUL B AHAMAD DESIGNATION PERSk	BE Category	HEMBTOLOGY PROCYDER (M	WO Assigned to		) soul
Work Order Type Routine Maintenance (PM) Third Party Calibration (TPC) Reschedule Date Statutory Certification (SC)  Reschedule Date Company Name Call Cert Date Call Cert Date Contact Number Contact Nu	Ownership	Existing Equipment		•	
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Reschedule Date    BE Third Party Calibration / Statutory Certification Details   Company Name	Work Order Type	Preventive Maintenance (PM)	☐ Third Party Calibrati	on (TPC)	
BE Third Party Calibration / Statutory Certification Details  Company Name  Designation / Statutory Certification Details  Contact Number  Action Taken  PPM Cemp CFRO BS PER CHECKLIST.  **GENCRIC REPOSENT HOS BEEN USING.  FOR STREMD TOLYSOR DND NILUCAT.  **RFPLOCED THE NEW RBC MIXING.  CHRINGER DUE TO FOULTY.  SCHOOLING Maintenance Execution Details  SINO QMS Engineer / Technician Name  i PDDDUL  Customer Remarks  CURRENT QC MATCRING VOLUME INSUFFICIENT. NOT BBCF  TO MUN QC ICST.  Engineer / Technician Signature  Name  NOOR AZARUL & AHAMAD  Detail Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  NORASHIR CIPIT HAZIZ  JUNIOR 20 JUNIOR ALARMAD  Designation  Date  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  PERMICHANIA DESIGNATION DATE  DESIGNATION DATE  PERMICHANIA DES	Work Order Type	☐ Routine Inspection (RI)	☐ Statutory Certification	on (SC)	
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Contact Number  Action Taken  PPM COMPLETON AS PER CHECK 187.  ** GENERIC REDGENT HAS BEEN USING.  ** CONSTRUCTOR OND DILUCAT.  ** REPLACED THE ALLA BRE MIXING.  CHAMBER DULT TO FAULT.  Schedule Maintenance Execution Details  SI NO QMS Engineer / Technician Name Date Start Time End Time  i PROMIC STORM COLUMN INSUFFICIENT. NOT BREF  COUNTY OF TECHNICIAN SIGNATURE  Customer Remarks  CURRENT OF MATERIAL VOLUME INSUFFICIENT. NOT BREF  COUNTY OF PERK LAB SPECIAL DELANDED  Date PERK LAB SPECIAL DELANDED  ONE ASARUL B AHAMAD  NOOR AZARUL B AHAMAD  Date PERK LAB SPECIAL DELANDED  ONE OF PERK LAB SPECIAL DELANDED  ONE	BE Third Party Ca	alibration / Statutory Certification Details			
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SI No QMS Engineer / Technician Name Date Start Time End Time  i Parama Customer Remarks  CURRENT Common Co	* GENERIC FOR STO *REPLACE	REDGENT HOS DEEN L LEMPTELYSER PNDD DTHE NEW RBC MIXI	18126 Model:	XP 100 1525	
Customer Remarks  CURRENT CE MATERING VOLUME INSUFFICIENT - NOT ABGE  Engineer / Technician Signature  Name  NOOR AZARUL B AHAMAD  Date PINA LAB SPECIALS  No 10 B, Persiaan Greenbown Avenue, 30450 poor, Perak  Other Company of the	Schedule Maintena	ance Execution Details			
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Engineer / Technician Signature  Name  NOOR AZARUL B AHAMAD  Date  PERAK LAB SPECIALS  No 10 B, Persiaan Greentown Avenue, 30450 poin, Perak  Customer Signature  Name  Designation  Date  NOR ASHIKIT BINTI HAZIZ  Juruleky rogi Makmal  Perubatan U29  Recentown Avenue, 30450 poin, Perak					
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Name  NOOR AZARUL B AHAMAD  PERAK LAB SPECIALS)  OKANTUM Medical Solution Sch. Pro No 10 B, Persiaan Greentown Avenue, 30450 Ipon, Perak  Name  Designation  Date  NOR ASHIKIT BINTI HAZIZ  Juruleky logi Makmal  Perubatan U29  K	CURRENT		ne insuffici	ENT. NO	TBCF
Date PERAK LAB SPECIALS)  Designation  NOR ASHIKTI BINTI HAZIZ  Jurulekry logi Makmal  Perusatan U29  Greentown Avenue, 30450 Ipon, Perak	Engineer / Technicia	an Signature	Customer Signature	<u> </u>	
For Internal Use only	Date P/1/20 G Tel	PERAK LAB SPECIALS  Mantum Medical Solution Sch. Port  No 10 B, Persiaan Greentown / Perak  reentown Avenue, 30459 ipoin, Perak  /fax: 05-2461991 Hp: 012-39648013	Designation  Date  NOR ASHIKIT  Jurulekry  Perubat	ogi Makmal	

First Verification QMS Circle Incharge Final Verification QMS State Incharge



## KEMENTERIAN KESIHATAN MALAYSIA

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

BE CODE : ME-009

CHECKLIST NO:CL-015-000 REV.000

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## KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

CHECKLIST NO:CL-015-000 REV.000

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