

## Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO371975	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	28/3/2018
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Labuan	Clinic Code	WPL001
BE No.	WPL000588	Distict	LABUAN
BE Category	Lights, Dental, Intraoral	WO Assigned to	Che Muhammad Atillah
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	
<b>Action Taken</b> ↳ Check chassis, fittings, halogen bulb, timer switch and fan. ↳ Clean exterior and interior ↳ Perform test, unit perform well (functioning good).			


Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		28/3/2018	10.15am	10.45am
	MOHD. ASHMAWI & MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231			
Customer Remarks				
Engineer / Technician Signature Name: MOHD. ASHMAWI & MOHD HISHAM Date: 28/3/2018 BIOMEDICAL TECHNICIAN, QMS 019-2634231		Customer Signature Name: HERMAN NOWI Designation: Juruteknologi Pergigian Date: 28/4/18 Seal: Klinik Pergigian Labuan		




For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS TANSON  
BIOMEDICAL ENGINEER, QMS  
019-2634231

Final Verification  
QMS State Incharge  
DICKY LEE  
SABAH STATE MANAGER  
QUANTUM MEDICAL SOLUTIONS SDN BHD

 Quantum Medical Solutions sdn bhd <small>transforming technology, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Lights, Dental, Intraoral</b> BE CODE :12-352	CHECKLIST NO: CL-093 REV.000					
<b>PART 1 ASSET DETAILS</b>							
WORK ORDER NO ▶ <u>PWO 331935</u>		ASSET NO ▶ <u>WPL000588</u>					
MANUFACTURER ▶ <u>N/A</u>		MODEL ▶ <u>N/A</u>					
FREQUENCY ▶ 3 MONTHLY ( )    6 MONTHLY ( )    12 MONTHLY (✓)		PPM HOURS ▶ <u>0.50</u>					
<b>PART 2 SPECIAL PRECAUTION</b>							
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.							
<b>PART 3 TEST APPARATUS</b>							
Tick (✓) where appropriate							
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON			
1	<u>TEESA 0085</u>	ELECTRICAL SAFETY ANALYZER	<u>3227039</u>	<u>10/11/2019</u>			
2	<u>N/A</u>	STOP WATCH	<u>N/A</u>	<u>N/A</u>			
<b>PART 4 QUALITATIVE TASKS</b>							
Tick (✓) where appropriate							
	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	( )	( )	9 Controls/Switches - verify proper operation of controls	(✓)	( )	( )
2 Mount/ Fasteners - verify physical integrity	(✓)	( )	( )	10 Indicators/ Displays - verify proper illumination and operation	(✓)	( )	( )
3 Casters/Brakes - If mounted, verify physical integrity	(✓)	( )	( )	11 Alarms/ Interlocks - check all alarms available	( )	( )	(✓)
4 AC Plug - verify integrity	(✓)	( )	( )	12 Power ON Self Test	(✓)	( )	( )
5 Power Cord - verify proper insulation and integrity	(✓)	( )	( )	13 Label - verify physical integrity	(✓)	( )	( )
6 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )	14 Timer - verify operation	(✓)	( )	( )
7 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	( )	( )	15 Light Intensity - verify operation	( )	( )	(✓)
8 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )				
<b>PART 5 PREVENTIVE MAINTENANCE TASKS</b>							
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 Bulb/ Battery - check/ replace***	(✓)	( )	( )				

 Quantum Medical Solutions Sdn Bhd <small>Ensuring the best service, transforming life</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Lights, Dental, Intraoral</b> <small>BE CODE : 12-352</small>	<small>CHECKLIST NO: CL-093</small> <small>REV.000</small>						
WORK ORDER NO ▶ <u>PWO 371775</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
<small>Tick ( ✓ ) where appropriate</small>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
1	Timer Accuracy	sec	10	10	± 10%	( / ) ( ) ( )		
<b>PART 7 ELECTRICAL SAFETY TEST</b>								
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>								
<b>PART 8 NOTES</b>								
Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :  <div style="font-size: 2em; font-family: cursive;">EST CLASS II</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 ▶ <u>NA</u>						NEXT PPM DATE ▶ <u>27/3/2019</u>		
<small>PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.</small> <b>COMPLETED BY:</b> MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, QMS 019-2634231 <b>DATE:</b> <u>28/3/2018</u>								

# Fluke Biomedical

Date 28/03/2018

## Test Setup

Operator ID LBNBME  
Calibration Tech  
Calibration Date 10/01/2019  
Firmware Version 2.08.01  
Serial Number 32276 59  
Date & Time 28/03/2018 & 10:40  
JOB Name

## DUT Information

Equipment Number WPL 000588  
Serial Number  
Manufacturer  
Model  
Location KLINIK PERGIGIAN  
Other

## Template Information

Template Name LIGHT, INTRAORAL  
Pause after Power ON NO  
Power ON delay 2  
Test Speed RAPID  
Halt on Test Failure YES  
Include Time YES  
Insulation Resistance Voltage 250V  
Multi Enclosure Test NO

Standard IEC62353-Differential  
Pause before Power OFF NO  
Power OFF delay 0  
Test Mode AUTO  
Multi PE Test NO  
Multi Restore 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	240.8 V	-	-	P
Equipment Current	0.0 A	-	-	P
Differential Leakage				P
Normal Condition	29 uA	100	-	P
Normal Condition-Reversed mains	40 uA	100	-	P

Signature