



Mr. BE Number	BE Category	Manufacturer	Model	Chronic Code	Clinic Name	Clinic Category	State	District	SM Type	Test Equipment PPM	Nov-16	PPM Completion Date	PPM Completion Time	Remarks	Assign to
1	Amplifiers			SWK284	Klinik Pergigian Selayan Rendah Kebangsaan Chung Hua	PERGIGIAN	SARAWAK	KUCHING	EMC6	PMA	1				
2	Chilling Unit			SWK284	Klinik Pergigian Selayan Rendah Kebangsaan Chung Hua	PERGIGIAN	SARAWAK	KUCHING	EMC6	PMA	1				
3	Light, Dental, Internal			SWK284	Klinik Pergigian Selayan Rendah Kebangsaan Chung Hua	PERGIGIAN	SARAWAK	KUCHING	EMC6	PMA	1				
4	Light, Dental, Internal			SWK284	Klinik Pergigian Selayan Rendah Kebangsaan Chung Hua	PERGIGIAN	SARAWAK	KUCHING	EMC6	PMA	1				
5	Motor			SWK284	Klinik Pergigian Selayan Rendah Kebangsaan Chung Hua	PERGIGIAN	SARAWAK	KUCHING	EMC6	PMA	1				

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING

THRISE NUB  
Kuching PPM022 (TRK)  
21/11/2018



## Scheduled Maintenance Notification Form

To:  
 PKB/PPB:  
 District: Kuching  
 State: SARAWAK

From:  
 State:  
 Zone:

Format Ref.: QMS/TSD-004 Rev.00  
 Quantum Medical Solutions  
 SARAWAK



## Schedule Maintenance

Dear Sir/ Madam,  
 Attached list of equipment scheduled for : PPM  
 Clinic Name: Klinik Pergigian Sekolah Rendah Kebangsaan  
Chung Hua Siburan Di Pejabat Pergigian  
Daerah Kuching

Month: Nov-18  
 Clinic Code: SWK284

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWK007801	Amalgamators	PPM
2	SWK005830	Distilling Unit	PPM
3	SWK007804	Lights, Dental, Intraoral	PPM
4	SWK022005	Lights, Dental, Intraoral	PPM
5	SWK007797	Micromotor	PPM
6			PPM
7			PPM
8			PPM
9			PPM
10			PPM
11			PPM
12			PPM
13			PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

Thank You,

QMS state In-charge Signature: <u>QUINTUS NG</u> STATE MANAGER Quantum Medical Solutions Sarawak	Acknowledged by - PKB/PPB Signature: <u>THIRSE NIUB</u> THIRSE NIUB District Pergigian 032 (PKA)
Name: Date:	Name: Date: 21/11/2018

## Legend

PM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.



# Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
Incorporating Incorporated, Registration No. 1560  
Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PW0346915	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	21/11/2018
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK284
BE No.	SWK022005	District	KUCHING
BE Category	Lights, Dental, Intraoral	WO Assigned to	Danson
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"/> Statutory Certification (SC)
	<input type="checkbox"/> Routine Inspection (RI)		

Reschedule Date	
-----------------	--

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number		Cal / Cert Expiry Date	

Action Taken	<p>- To do pm purchase attend</p> <p>- pm done</p> <p>- 1st ok.</p>
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Schedule Maintenance Execution Details				
SI No	O/S Engineer / Technician Name	Date	Start Time	End Time
0860213	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	21/11/2018	09:00am	09:40am
Customer Remarks				
<div style="display: flex; justify-content: space-between;"> <div> <p>Engineer / Technician Signature</p> <p>Name DANSON ANAK MUDA Date QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK</p> <p>21/11/18</p> </div> <div> <p>Customer Signature</p> <p>Name</p> <p>Designation</p> <p>Date</p> <p>Seal</p> </div> </div>				

For Internal Use

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Lights, Dental, Intraoral

BE CODE : 12-352

CHECKLIST NO: CL-093-000 REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **PW0346415** BE NO ▶ **SKK022005**  
MANUFACTURER ▶ **Bq Light** MODEL ▶ **BLUEFOUNT LED**  
FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( ✓ ) PPM HOURS ▶ 0.50

## 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
	<b>TS54 0812</b>	ELECTRICAL SAFETY ANALYZER	<b>32466418</b>	<b>6.8.2019</b>
		RADIOMETER		

## PART 4 QUALITATIVE TASKS

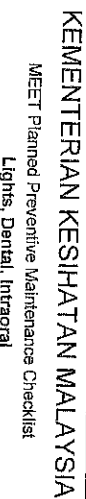
Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	8 Indicators/ Displays - verify proper illumination and operation	( )	( )	( )
2 Mount/ Fasteners - verify physical integrity of mounts (wall, equipment, cart, etc)	( )	( )	( ✓ )	9 Accessories - verify physical integrity and operation	( ✓ )	( )	( )
3 AC Plug/ Receptacle - verify physical integrity and irregularities	( ✓ )	( )	( )	10 Labelling - verify caution and warning labels	( ✓ )	( )	( )
4 Line Cord - verify proper insulation and integrity	( ✓ )	( )	( )				
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	( ✓ )	( )	( )				
6 Fittings/ Connectors - check all fitting/connector for physical condition & integrity	( ✓ )	( )	( )				
7 Controls/Switches/ Levers/ Knobs - verify proper operation of controls	( ✓ )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE	NA	Notes:
1 Cleanliness - 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 Bulb/ battery - check/ replace***	( ✓ )	( )	( )	
3 Align/ Adjust Mechanical Components	( ✓ )	( )	( )	



### MEET Planned Preventive Maintenance Checklist

BE CODE: 12-352

WORK ORDER NO. ▲

Plu0346915

CHECKLIST NO:CL-093-000 REV.000

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

## PART 7 ELECTRICAL SAFETY TEST

**ELECTRICAL SAFETY TEST, (attach report)**

Tick (✓) where appropriate

Standard use:

**Result :**

☒ IEC 60601

IEC 61010

IEC 62353

☒ PASS

☐ FAIL

NA

## PART 8 NOTES

-Test on

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO. Pub 346915

NEXT PPM DATE ▶ 11/20/19

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

THRSE NIUB  
Kutubkhanah Perpusnas U32 (TBK)

DATE: 2/11/18

2118



## Form B03



## Scheduled Maintenance Work Order

PT. PRIMA MEDICAL SOLUTIONS SDN BHD  
 40, Jalan Duta, 40100 Seremban, Negeri Sembilan, Malaysia

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

Work Order No.	PW0346496	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	21/11/2018
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK284
BE No.	SWK005830	Distict	KUCHING
BE Category	Distilling Unit	WO Assigned to	Danson
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

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	N/A	Cal / Cert Expiry Date	

## Action Taken

- 1<sup>st</sup> & 2<sup>nd</sup> ppm performed at 11:00  
 - 3<sup>rd</sup> ppm done  
 - 4<sup>th</sup> & 5<sup>th</sup> ppm

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0850271	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	21/11/2018	09:40 am	10:40 am

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK  
 21/11/18

Customer Signature

Name

Designation

Date

Seal

THIRUSE NIUB  
 KLINIK PERGIGIAN D2 (DB)  
 21/11/18

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Distilling Unit  
BE CODE : 15-136

CHECKLIST NO: CL-061-000  
REV:000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **Puo34496** BE NO ▶ **501005830**  
MANUFACTURER ▶ **Euronika** MODEL ▶ **A004016**  
FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ 1.00

## 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
	<b>1484 812</b>	ELECTRICAL SAFETY ANALYZER	<b>3246918</b>	<b>6.8.2019</b>

## 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 Fittings/ Connectors - check all fittings/connectors	(✓)	( )	( )	9 Motor / Fan -verify proper operation	(✓)	( )	( )
3 Mount/Fasteners - verify physical integrity of mounts	( )	( )	(✓)	10 Heater - Clean heating element	(✓)	( )	( )
4 AC Plug/Receptacle - verify integrity	(✓)	( )	( )	11 Accessories-verify physical integrity and operations.	(✓)	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	(✓)	( )	( )				
6 Power Cord - verify proper insulation and integrity	(✓)	( )	( )				
7 Strain Relief - verify physical integrity at both ends of line cord	(✓)	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Cleanliness - Clean interior and exterior 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 Replace deteriorated components	(✓)	( )	( )	
3 Align /adjust mechanical components	(✓)	( )	( )	

WORK ORDER NO. ▲

Plus 346495

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

*Tick (✓) where appropriate*

**Standard use :**

**Result:**

☒ IEC 60601

31010

IEC

3

☒ PASS

☐ FAIL

	NA
--	----

## PART 8 NOTES

- Test ok.

☐ CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

NOT FUNCTIONING

WORK ORDER NO. \_\_\_\_\_

Two 345496

NEXT PPM DATE

05/2019

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

COMPLETED BY:  
DANSON ANAK MUDA  
QUANTUM BIO-MEDICAL ENGINEERING  
KUCHING SARAWAK

THRISE NIUB  
KURATERANI PANGGILAN 1032 (TR4)

DATE:

2	11	15
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2118

## Form B03



## Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd  
 40, Jalan Puchong 1, Bandar Puchong, 47100 Puchong, Selangor

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

Work Order No.	PW0346731	Schedule Month	November 2018
Work Order Date	01/11/2018	Completed Date	21/11/18
Clinic Name	Klinik Pergigian Sekolah Rendah Keba	Clinic Code	SWK284
BE No.	SWK007801	District	KUCHING
BE Category	Amalgamators	WO Assigned to	Danson
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

## BE Third Party Calibration / Statutory Certification Details

Company Name		Cal / Cert Date	
Contact Number	- NA -	Cal / Cert Expiry Date	- NA -

## Action Taken

- To do ppm perbeksi air  
 - ppm down  
 - test ok

## Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
Q850278	DANSON ANAK MUDA QUANTUM BIOMEDICAL ENGINEERING KUCHING SARAWAK	21/11/2018	08:30 am	09:00 am

Customer Remarks

Engineer / Technician Signature

Name

Date

DANSON ANAK MUDA  
 QUANTUM BIOMEDICAL ENGINEERING  
 KUCHING SARAWAK  
 21/11/2018

Customer Signature

Name

Designation

Date

Seal

Signature  
 IRISE NIUB  
 Jurutera Pergigian U32 (TRV)  
 21/11/18

For Internal Use

First Verification

QMS Circle Incharge

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Amalgamators

CHECKLIST NO: CL-002-000  
REV: 000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **Pw0346731**

BE NO ▶ **SK007801**

MANUFACTURER ▶ **501**

MODEL ▶ **Ultramant 2**

FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( ✓ )

PPM HOURS ▶ 0.50

## 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
1	<b>T0854812</b>	ELECTRICAL SAFETY ANALYZER	<b>3246618</b>	<b>6.8. 2019</b>

## PART 4 QUALITATIVE TASKS

Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( ✓ )	( )	( )	8 Indicators/ Displays - verify proper illumination and operation	( ✓ )	( )	( )
2 Mount/ Fasteners - verify physical integrity	( )	( )	( ✓ )	9 Audible/Visual Alarms - verify proper operation, automatic and activation	( ✓ )	( )	( )
3 AC Plug/Power Cord - verify physical integrity and proper insulation	( ✓ )	( )	( )	10 Motor - verify operation	( ✓ )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( ✓ )	( )	( )	11 Accessories - verify physical integrity and operation	( ✓ )	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	( ✓ )	( )	( )	12 Labelling - verify caution and warning labels	( ✓ )	( )	( )
6 Fittings/ Connectors - check all fitting/connector for physical integrity	( ✓ )	( )	( )				
7 Controls/Switches - verify proper operation of controls	( ✓ )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE	NA	Notes:
1 Cleanliness - 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 Service / lubricate motor - as applicable	( ✓ )	( )	( )	



**MEET Planned Preventive Maintenance Checklist**  
**Amalgamators**  
BE CODE : 10-092

BE CODE : 10-082

10-27-21

WORK ORDER NO. **▲**

**PART 6 QUANTITATIVE TASKS**

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

**Standard use :**

**Result:**

☒ IEC 60601 ☐ IEC 61010 ☐ IEC 62353

☒ PASS ☐ FAIL ☐ NA

## PART 8 NOTES

- Test ok.

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOCHEMICAL ENTERPRISES  
KUCHING SARAWAK

*Male*.  
HIST NUB  
Bharatgarh Peshawar 1732 (1850)

DATE: 2/11/18

2

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

NOT FUNCTIONING

WORK ORDER NO. FWO 346731

NEXT PPM DATE: 11/20/19

11/2019



Reschedule Date

\_\_\_\_\_

Seal	Seal
Seal	Seal

For Internal Use

## First Verification

QMS Circle Incharge

## Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist  
Lights, Dental, Intraoral

BE CODE: 12-352

CHECKLIST NO: CL-093-000 REV:000

## PART 1 ASSET DETAILS

WORK ORDER NO **920346432** BE NO **80K007804**  
MANUFACTURER **Deuungs** MODEL **H44WC 50 SX**  
FREQUENCY **6 MONTHLY ( )** 12 MONTHLY ( ☒ ) PPM HOURS **0.50**

## 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
	<b>7054 812</b>	ELECTRICAL SAFETY ANALYZER	<b>3246918</b>	<b>6.8.2019</b>
		RADIOMETER		

## PART 4 QUALITATIVE TASKS

Tick ( ☒ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( <input checked="" type="checkbox"/> )	( )	( )	8 Indicators/ Displays - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( )
2 Mount/ Fasteners - verify physical integrity of mounts (wall, equipment, cart, etc)	( )	( )	( <input checked="" type="checkbox"/> )	9 Accessories - verify physical integrity and operation	( <input checked="" type="checkbox"/> )	( )	( )
3 AC Plug/ Receptacle - verify physical integrity and irregularities	( <input checked="" type="checkbox"/> )	( )	( )	10 Labelling - verify caution and warning labels	( <input checked="" type="checkbox"/> )	( )	( )
4 Line Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( )	( )				
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker or rating of fuse	( <input checked="" type="checkbox"/> )	( )	( )				
6 Fittings/ Connectors - check all fitting/connector for physical condition & integrity	( <input checked="" type="checkbox"/> )	( )	( )				
7 Controls/Switches/ Levers/ Knobs - verify proper operation of controls	( <input checked="" type="checkbox"/> )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ☒ ) where appropriate

	DONE	NOT DONE**	NA	Notes:
1 Cleanliness - clean exterior and interior of the equipment	( <input checked="" type="checkbox"/> )	( )	( )	
2 Bulb/ battery - check/ <del>replace</del> ***	( <input checked="" type="checkbox"/> )	( )	( )	
3 Align/ Adjust Mechanical Components	( <input checked="" type="checkbox"/> )	( )	( )	

\* For all Parts, NA is defined as NOT APPLICABLE  
\*\* If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable



### MEET Planned Preventive Maintenance Checklist Lights, Dental, Intraoral

BE CODE : 12-352

WORK ORDER NO. ▲

Puo 346436

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

**Result:**

IEC 60601

 IEC 61010

C 62353

☒ PASS

☐ FAIL

NA

## PART 8 NOTES

-T251 01C

☐ CORRECTIVE MAINTENANCE REQUIRED

WORK ORDER NO. PWD 346436

FUNCTIONING

☐ NOT FUNCTIONING

NEXT PPM DATE: 11/20/19

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

COMPLETED BY:

DANSON ANAK MUDA  
QUANTUM BIOMEDICAL ENGINEERING  
KUCHING SARAWAK

Sub

1. HUSLE NUB  
Ardeana Fencing US2 (TBK)

DATE: 21/11/16

218

BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA
Action Taken			
<p>- This unit already BOS/BSE/212</p> <p>- Refer BSE NO (BSE/SWK/GRN/NOV/17/1002)</p>			

For Internal Use

## Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Micromotor

BE CODE : DE-019

CHECKLIST NO:CL-096-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ **100146820**

BE NO ▶ **50K007797**

MANUFACTURER ▶

MODEL ▶

FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( ✓ )

PPM HOURS ▶ 1.00

## 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
		ELECTRICAL SAFETY ANALYZER		
		TACHOMETER		

## PART 4 QUALITATIVE TASKS

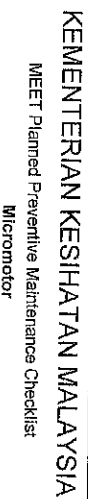
Tick ( ✓ ) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	( )	( )	( )	8 Label - verify physical integrity	( )	( )	( )
2 Mount/Fasteners - verify physical integrity	( )	( )	( )	9 Indicators/ Displays - verify proper illumination and operation	( )	( )	( )
3 AC Plug / Power Cord - verify physical integrity and proper insulation	( )	( )	( )	10 Motor - verify proper operation physical integrity	( )	( )	( )
4 Strain Relief - verify physical integrity at both ends of line cord	( )	( )	( )	11 Accessories-verify physical integrity and operations.	( )	( )	( )
5 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( )	( )	( )	12 Foot/Knee control-verify proper operation	( )	( )	( )
6 Fittings/ Connectors - check all fittings/connectors	( )	( )	( )				
7 Controls/Switches - verify proper operation of controls	( )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ✓ ) where appropriate

	DONE	NOT DONE **	NA		DONE	NOT DONE **	NA
1 Cleanliness - clean interior and exterior of the equipment	( )	( )	( )	4 Check micromotor speed	( )	( )	( )
2 Service micromotor head/chuck	( )	( )	( )	Notes: * For all Parts, NA is defined as NOT APPLICABLE. ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
3 Align / adjust mechanical components	( )	( )	( )				



BE CODE: DE-019

Puro 346820

100

No	Description	Units /	Set	Measured	Limit/Tolerance	PASS	FAIL	NA
		UOM	Values	Values				

## PART 7 ELECTRICAL SAFETY TEST

Tick (✓) where appropriate

**Result:**

☐ PASS ☐ FAIL ☐ NA

- This unit already Bos/AER

WORK ORDER NO. 100346820

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