

# Form B03

## Scheduled Maintenance Work Order



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

|                 |                                                                 |                                                        |                              |
|-----------------|-----------------------------------------------------------------|--------------------------------------------------------|------------------------------|
| Work Order No.  | PWO371685                                                       | Schedule Month                                         | March 2018                   |
| Work Order Date | 01/03/2018                                                      | Completed Date                                         | 21/3/2018                    |
| Clinic Name     | Klinik Pergigian Di Klinik Kesihatan Lak                        | Clinic Code                                            | WPL001                       |
| BE No.          | WPL000599                                                       | Distict                                                | LABUAN                       |
| BE Category     | Dental Workstation                                              | 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 |  |
|-----------------|--|

|                                                                                                                                                                         |    |                        |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------|----|
| <b>BE Third Party Calibration / Statutory Certification Details</b>                                                                                                     |    |                        |    |
| Company Name                                                                                                                                                            | NA | Cal / Cert Date        | NA |
| Contact Number                                                                                                                                                          |    | Cal / Cert Expiry Date |    |
| <b>Action Taken</b><br>checked physical tubing and suction ok. clean body interior and exterior. tested run ok. ppm completed<br><br>ppm carried out by as per schedule |    |                        |    |

| <b>Schedule Maintenance Execution Details</b> |                                                                  |           |            |          |
|-----------------------------------------------|------------------------------------------------------------------|-----------|------------|----------|
| SI No                                         | QMS Engineer / Technician Name                                   | Date      | Start Time | End Time |
|                                               | CHE MUHAMMAD ATILAH<br>BIOMEDICAL TECHNICIAN, QMS<br>019-2572640 | 21/3/2018 | 1000       | 1100     |
|                                               |                                                                  |           |            |          |
|                                               |                                                                  |           |            |          |

|                                                                                                                                  |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Customer Remarks                                                                                                                 |                                                                                                                                            |
| Engineer / Technician Signature<br>Name<br>Date<br>CHE MUHAMMAD ATILAH<br>BIOMEDICAL TECHNICIAN, QMS<br>019-2572640<br>21/3/2018 | Customer Signature<br>Name<br>Designation<br>Date<br>Seal<br>HERMAN NOWMI<br>Juruteknologi Pergigian<br>Klinik Pergigian Labuan<br>20/4/18 |



For Internal Use

First Verification  
QMS Circle Incharge  
JULIUS LIANSUN  
BIOMEDICAL ENGINEER, QMS  
019-3620179

Final Verification  
QMS State Incharge  
SARAH STELLANSON  
BIOMEDICAL ENGINEER, QMS  
019-3620179



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist  
**Dental Workstation**  
BE CODE : DE-008

CHECKLIST NO:CL-056  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ WFO 371285 ASSET NO ▶ WFO00599  
MANUFACTURER ▶ ALC MODEL ▶ ALC  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY (v) 12 MONTHLY ( / ) PPM HOURS ▶ 1.0

### 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 |
|----|----------|----------------------------|-----------|--------------------|
|    | NA       | ELECTRICAL SAFETY ANALYZER | NA        | NA                 |
|    | NA       | TACHOMETER                 | NA        | NA                 |
|    |          | PRESSURE GAUGE             |           |                    |

### 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 Label - verify physical integrity                               | ( / ) | ( )  | ( )   |
| 3 AC Plug - verify integrity                                          | ( )   | ( )  | ( / ) | 10 Motor - verify proper operation                                | ( / ) | ( )  | ( )   |
| 4 Power Cord - verify proper insulation and integrity                 | ( / ) | ( )  | ( )   | 11 Safety valve - verify proper operation                         | ( )   | ( )  | ( / ) |
| 5 Strain Relief - verify physical integrity at both ends of line cord | ( / ) | ( )  | ( )   |                                                                   |       |      |       |
| 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 Clean exterior and interior of the equipment | ( / ) | ( )         | ( ) | 4 Motor - Service/Lubricate if applicable                | ( / ) | ( )         | ( ) |
| 2 Filter, Check/Replace***                     | ( / ) | ( )         | ( ) | Notes: * For all Parts, NA is defined as NOT APPLICABLE  |       |             |     |
| 3 Diaphragm/Seal, Check/Replace***             | ( / ) | ( )         | ( ) | ** If you have ticked 'NOT DONE', then justify in Part 8 |       |             |     |
|                                                |       |             |     | *** Choose Whichever Applicable                          |       |             |     |



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Dental Workstation

BE CODE : DE-008

CHECKLIST NO: CL-066 REV.000

WORK ORDER NO ▶

Run 371285

### PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

| No | Description  | Units / UOM | Set Values | Measured Values | Limit/Tolerance | PASS | FAIL | NA  |
|----|--------------|-------------|------------|-----------------|-----------------|------|------|-----|
|    | SPEED        | RPM         |            |                 |                 | ( )  | ( )  | ( ) |
|    | VACUUM LEVEL | KPa         |            |                 | NA              | ( )  | ( )  | ( ) |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |
|    |              |             |            |                 |                 |      |      |     |

### PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

### PART 8 NOTES

Part 5 - Item 2

Please indicate the part number, description of PPM Kit and any repair work to be carried out (if any) :

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE 20/3/2019

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

COMPLETED BY:

CHEMUND, ANIL K  
BIOLOGICAL TECHNOLOGY

DATE:

21/3/2018