# Form B03 Scheduled Maintenance Work Order





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

				The state of the s				
Work Order No.	COrder No. PWO365227			ule Month	June 2018			
Work Order Date		01/06/2018	Completed Date		31/7/18			
Clinic Name		Klinik Pergigian Di Klinik Kesihatan Sur	Clinic (	Code	JHR549			
BE No.		JHR016023	Distict		LEDANG			
BE Category		RADIOGRAPHIC UNITS, DENTAL	WO As	signed to	S. Mathingran.			
Ownership		✓ Existing Equipment		Purchase	New			
BE Condition		✓ Active		BER Proposed				
Work Order Type		Preventive Maintenance (PM)		Third Party Calibra	ition (TPC)			
vvoik Older Type		Routine Inspection (RI)		Statutory Certificat	ion (SC)			
Reschedule Date								
3E Third Party Ca	alibration	n / Statutory Certification Details						
Company Name		~	Cal / Ce	ert Date	6			
Contact Number		-	Cal / Ca	ert Expiry Date	-			
Action Taken								
PM /AR	∏job done	e as per checklist. Unit tested functioning goo	d & read	y to use.	Manufacturer: How Lite  Modal: Mow lite Bost-xe-1  Serial No: y - D 514			
Corrective Maintenance / Breakdown					Modal: Mow life Best-xx-!			
BE Sticker Availability : Yes / NA					Serial No : 4 -	D514'		
Remar	ks: PP	on Dove.			/			
Schedule Mainter	nance Exe	ecution Details	***************************************					
SI No		QMS Engineer / Technician Name		Date	Start Time	End Time		
<i>*</i>		S. Mathianos		31/7/18	1200	1315m.		
		Raboah		/(	u	4		
		/						
Customer Remarks								
Engineer / Technician Signature			Customer Signature					
Name N			Name (eX)					
Date MATHIVANAN SELLAMUTHU			Designation AZLEE ASSIGNAN 1/29					
QUANTUM MEDICAL SOLUTION			Date JURUTEKNO OGI ZRGIGIAN U29  KLINIK/PERGIGIZN:					
QUAN SENIO	R BIO MEDI	DICAL ENGINEER	Seal 17/18					
For Internal Lice								

For Internal Use

First Verification

QMS Circle Incharge

Final Verification QMS State Incharge

BIOMOCICAL Engineering
Operations Medical Solutions
Hyp: 012-3967638



# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Radiographic units, Dental BE CODE: 13-269

CHECKLIST NO: CL-117 REV.000

PART 1 ASSET DETAILS													
NORK O	RDER NO	- pwo	3650	27					). (*)	ASSET NO	▶ ;	JHR016	123
MANUFA	CTURER	► No	W Li	fo						MODEL	× 1	nem Cite	Be 21
REQUE	NCY	▶ 3 MO	NTHLY (	)	6 MONT	HLY (	۲,-	12 MONTHLY	( )	PPM HOURS	<b>&gt;</b>	1. 15 hr.	
PART 2	SPECIAL PR	ECAUTION											
f there is	evidence of bo	ody fluid cor	ntamination	n, submit t	the device	for cleaning	ng and	d decontaminati	on before in:	specting it.			
Vear appropriate Personnel Protection Equipment (PPE) during work.													
Vear 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													
	here appropria	64 E2 034 2 0 0 0 0			Service and Service Assessment							194	
NO		T NO	T		·DES	CRIPTION	12		s	SERIAL NO	T	CALIBRATION	DUE ON
1			ELECT	TRICAL S	AFETY A	NALYZER			· 324694			15/8/18	
2		KVP METER							300 of 298			395/19	
3			mA ME	TER		× .			NA			0.55	
				<del></del>					N	<u> </u>	+	MA	
PART 4	QUALITATIVI	ETACKO							l Visit is the		2000	The state of the s	
	here appropria						T		N. C.	A CON		(A) (A) (A) (A)	(Arman) et i
	77			PASS	S FAIL	NA						PASS FAIL	NA
	sis - verify phy liness and cor		rity,	(/	) (	) (	10	Indicators/ Dis and operation	plays - verify	y proper illuminati	on (	<b>(</b> ) ( )	( )
2 Moun	t/ Fasteners -	verify phys	ical integrit	y (	) (	) (	11	Over exposure physical integr		ractor- Verify	(	<b>(</b> ) ( )	( )
3 Casters/Brakes - if mounted, verify ( / ) ( ) ( ) 12 PCB Boards - verify physical integrity ( / ) ( ) ( ) physical integrity								) ( )					
4 Power Cord - verify proper insulation and ( / ) ( ) ( ) 13 Exposure switch - Verify operation ( / ) ( ) (							( )						
	relief - verify ends of the line		egrity at	(/	) (	) (	14	Visual Exposu	re indicator ·	– Verify operation	(	<b>/</b> (	( )
6 Electr	onic cabinet			(/	) (	) (	15	Audible expos	ure signal– \	Verify operation	(•	/)(	(. )
exterr	it Breaker/ Fus nal circuit brea nal fuse			(/	) (	) (	16	Tube movmen	t - Verify inte	egrity and Operati	on (	<b>/</b> ) ( )	( )
90,840,0	gs/ Connectors s/connectors	s - check all	I	-(/	) (	) (	17	Calibration			(	) (	<b>(/</b> )
9 Contro opera	ols/ Switches/ tion of control:	Keypad - v s	erify prope	r ( /	) (	) ( - )					•		
PART 5	PREVENTIVE	MAINTEN	ANCE TAS	SKS			aj s						
ick (√) w	here appropria	te										/	
				DONE	NOT DONE	. NA	Note	es:					
1 Cleanliness - Clean Interior and Exterior of ( ) ( ) ( ) the equipment						<ul> <li>For all Parts, NA is defined as NOT APPLICABLE</li> <li>If you have ticked 'NOT DONE', then justify in Part 8</li> <li>Choose Whichever Applicable</li> </ul>							

## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist
Radiographic units, Dental
BE CODE: 13-269

CHECKLIST NO: CL-117 REV.000

WORK C	ORDER NO ►			14			
PART 6	QUANTITATIVE TASKS						
Tick (√)	where appropriate	T 11-1- :		Manager	74		
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA	
1	kv 60ku - 7 MA - 0.2 MS	KV		GIKU			
S 15	60KU - 7 MM - 0-2MS.			611CU			
	701cu - 7MA - 0-2MS.			201ce			
	70 Ku - 2 MB - 0.2 MS			2010			
2	mA	mA					
	70Kr - 7MA - 0-2MS.			*	498 u try		
	70ku -7m4 -0-2ms.				498 449		
	70100 - 7MA -0.2MS.				498 444		
3	Time .	Sec					
	0-20M9			0.2000	t ono		
	J. 72 mg			03240			
· ·	0.40 MS.	'-		0.410			
PART 7	ELECTRICAL SAFETY TEST	na constant			Little Barrier	प्रदेशकार विकास करें के किस के किस के किस की कि जिस्की की किस की कि	D
ELECTRI	CAL SAFETY TEST, (attach report)						
	(In accordance to IEC 60601)			1960			.
	PASS FAIL	N	A				
	•						
PART 8	NOTES						
				/		M	
		N	r A				
		/					
							19
	,					er 1945 27	
	© €*			8.0			
				b			
	CORRECTIVE MAINTENANCE REQUIRED			FUNCTIONI	NG 🗍	NOT FUNCTIONING	
140	DV ODDSD VO				-	NEXT PPM DATE - D3.	-18
. WO	RK ORDER NO ►					NEXT PPM DATE	
PPM has	been performed in accordance to the checklist and the equipmen	t is function	oning to th	e intended pu	rpose.		
	TED BYMATHIVANAN SELLAMUTHU		(50.0)		,	10	a l
	Malled ) = 1/2/18				7	A311 1129	
DATE :	QUANTUM MEDICAL SOLUTION SENIOR BIO MEDICAL ENGINEER				AZLEE	NOLOGI - RGIGIAN U29	
-A.E.	SENIOR DIO MEDIOAL ENGINEER				KLINIK P	ERGIGIAN .	

Date:31/7/2018

### **Test Setup**

#### **DUT** Information

Operator ID:

Calibration Tech:

**NADIA** 

Calibration Date:

25/8/2018

Firmware Version:

2.08.01

Serial Number:

3246911

Date & Time :

JOB Name:

Serial Number:

Equipment Number: JHR 016023

Manufacturer:

Y-D514 **NEW LIFE** 

Model:

**NEW LIFE BEST-X-DC** 

Location:

Other:

**KP SUNGAI MATI** 

**Template Information** 

Template Name:

62353-Alt.RADIOGRAPHIC

31/07/2018 & 12:00 P.M

Standard:

IEC62353-Direct

0

Pause after Power ON: NO

Power ON delay:

2

**NORMAL** 

Include Time:

Test Speed:

YES

Halt on Test Failure: YES

Insulation Resistance \500V Multi Enclosure Test: NO

Pause before Power O NO

Power OFF delay:

**AUTO** 

Test Mode: Multi PE Test:

NO

Multi Resstore:

WORST/LAST

Reverse Polarity:

YES

Classification:

PLC Configuration-Applied part setup

AP Name AP Type

AP Num

**ESA615 Test Results** 

Test Name	Value	High Limits Low Limits	Status
Protective Earth Resistance	0.24 Ohm	0.3 -	Р
Insulation Resistance			Р
Mains to Protective Earth	78.3MOh	n	Р
Mains Voltage			Р
Live to Neutral	240.4 V	<b>a a</b>	Р
Neutral to Earth	4.1 V	ia ia	Р
Live to Earth	240.9V		Р
Equipment Current	0.4 A		Р
Direct Equipment Leakage			Р
Open Earth	0.9 uA	500 -	Р
Open Earth- Reversed Mains	0.7 uA	500 -	Р