

# Form B03

## Scheduled Maintenance Work Order



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

Work Order No.	PWO372204	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/2018
Clinic Name	Klinik Pergigian Sekolah Kebangsaan	Clinic Code	WPL002
BE No.	WPL000084	Distict	LABUAN
BE Category	Handpieces, Dental	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		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA

<b>Action Taken</b> ↳ Check chasis, fittings, and bur holder. ↳ Clean exterior and do some alignment. ↳ Perform test, unit perform well (FUNCTIONING GOOD)
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Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		27/3/2018	0845	0900
	CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2372640			

Customer Remarks	
Engineer / Technician Signature Name Date CHE MUHAMMAD ATILLAH BIOMEDICAL TECHNICIAN, QMS 019-2372640 27/3/2018	Customer Signature Name Designation Date Seal HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18



For Internal Use

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

Final Verification  
QMS State Incharge

Signature of State Incharge



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## Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-181

CHECKLIST NO: CL-075  
REV.000

### PART 1 ASSET DETAILS

WORK ORDER NO ▶ *no 372204* ASSET NO ▶ *W1000084*  
MANUFACTURER ▶ *W 14* MODEL ▶ *W 14*  
FREQUENCY ▶ 3 MONTHLY ( ) 6 MONTHLY ( ) 12 MONTHLY (✓) PPM HOURS ▶ *0.25*

### 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

### PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓) ( ) ( )		
2 Fittings/ Connectors - check all fittings/connectors	(✓) ( ) ( )		
3 Mechanical - Verify condition bearing/O-ring	(✓) ( ) ( )		
4 Label - verify physical integrity	(✓) ( ) ( )		
5 Burr holder - Check proper operation	(✓) ( ) ( )		

### PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate


	DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓) ( ) ( )		
2 Lubricate - Mechanical parts	(✓) ( ) ( )		

Notes:

\* For all Parts, NA is defined as NOT APPLICABLE

\*\* If you have ticked 'NOT DONE', then justify in Part 8

\*\*\* Choose Whichever Applicable

 Quantum Medical Solutions sdn bhd <small>Transforming lives, one smile at a time.</small>	<b>Quantum Medical Solutions Sdn Bhd</b> <b>BEMS Planned Preventive Maintenance Checklist</b> <b>Handpieces, Dental</b> <small>BE CODE : 11-181</small>	<b>CHECKLIST NO: CL-075</b> <b>REV.000</b>						
WORK ORDER NO ▶ <u>pmo 37204</u>								
<b>PART 6 QUANTITATIVE TASKS</b>								
<i>Tick (✓) where appropriate</i>								
No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
<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;"> <span><input type="checkbox"/> PASS</span> <span><input type="checkbox"/> FAIL</span> <span><input checked="" type="checkbox"/> NA</span> </div>								
<b>PART 8 NOTES</b>								
Empty space for notes								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> CORRECTIVE MAINTENANCE REQUIRED           </div> <div> <input checked="" type="checkbox"/> FUNCTIONING           </div> <div> <input type="checkbox"/> NOT FUNCTIONING           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             WORK ORDER NO ▶ <u>NA</u> </div> <div>             NEXT PPM DATE ▶ <u>26/3/2019</u> </div> </div>								
PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. <b>COMPLETED BY:</b> <u>Chew Hui Lin</u> <small>BIO-MEDICAL MAINTENANCE, GEN-010-2018020</small> <b>DATE:</b> <u>27/3/2018</u>								