Form B03

Scheduled Maintenance Work Order



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

Work Order No.	PWO371962	Sched	dule Month	March 2018				
Work Order Date	01/03/2018		leted Date	27/3/2018				
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lak		Code	WPL001				
BE No.	WPL000594			LABUAN				
BE Category	Dental Delivery Units	WOA	ssigned to	Ashmawi				
Ownership	Existing Equipment		Purchase	New				
BE Condition	✓ Active		BER Proposed					
Work Order Type	Preventive Maintena	nce (PM)	Third Party Calibration (TPC)					
Work Order Type	Routine Inspection (RI)	Statutory Certificat	ion (SC)				
Reschedule Date								
BE Third Party Cal	ibration / Statutory Certification Det	ails		···				
Company Name	N.A.	Cal / 0	Cert Date	4.04				
Contact Number	10.00	Cal / 0	Cert Expiry Date	1087				
40 Clean 40 Perform	chasis, fiftings, han electricism and inferior feet, unit perform	uell (fr	eing, fadle worth	and find	handpiece			
Schedule Mainten	ance Execution Details	·						
SI No	QMS Engineer / Techniciar	n Name	Date	Start Time	End Time			
	augitāsi		27/3/2018	1530	1630			
	MOHD. ASHMAWI B MOHD HISHAM BIOMEDICAL TECHNICIAN, GMS							
	019-253/231							
Customer Remarks	$\sqrt{}$		/		NIK Pr			
Engineer / Technicia Name Date	n Signature // MOND, ASIMANUS MOND HISHAM ENOMEDICAL JECHNICIAN, QMS 619/2534231	Custor Name Design Date Seal	ner Signature OF HERMAN N ation Juruteknologi F Klinik Pergigiar	Labuar 1970	Tingkat 1, Extensive to the control of the control			
For Internal Use								

First Verification

QMS Circle Incharge

IULHIS HANSUN BIBMEDICAL ENGINEER, CMS 018-30130179

Final Verification QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist Dental Delivery Units

BE CODE: 11-165

CHECKLIST NO:CL-052 REV.000

WORK ORDER NO PWO 37 (C) ASSET NO WORKOWN MANUFACTURER MODEL WULL MODEL	54				
FREQUENCY 3 MONTHLY () 6 MONTHLY () 12 MONTHLY () PPM HOURS PART 2 SPECIAL PREGAUTION 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.					
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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	FION DUE ON				
NO ASSET NO DESCRIPTION SERIAL NO CALIBRA	CALIBRATION DUE ON				
TEACORS ELECTRICAL SAFETY ANALYZER 327039 10/11	10/1/2019				
. NA PRESSURE GUAGE NA /	A				
PART 4 QUALITATIVE TASKS					
Tick (\checkmark) where appropriate					
PASS FAIL NA PASS F	AIL NA				
1 Chassis - verify physical integrity, () () () 8 -Motor/Pump/Compressor - verify operation () () ()				
2 Mount/ Fasteners - verify physical integrity () () () 9 Solenoid valve - Inspect, verify () () (/				
operation					
3 Cables - verify integrity (/) () () 10 Foot switch - verify operation (/) () ()				
4 Tubes/Hoses - check condition of all (/) () () 11 Label - verify physical integrity (/) (tubing, all hoses) ()				
5 Power Cord - verify proper insulation (/) () ()					
and integrity					
6 Strain Relief - verify physical (/) () () integrity at both ends of line cord					
JP _					
7 Indicators/ Displays - verify proper () () () () () illumination and operation					
PART 5 PREVENTIVE MAINTENANCE TASKS					
Tick (\checkmark) where appropriate					
NOT NOT					
DONE DONE NA Notes:					
1 Clean exterior and interior of the () () () * For all Parts, NA is defined as NOT APPLICABLE equipment ** If you have ticked 'NOT DONE', then justify in Part 8					
*** Choose Whichever Applicable					
2 Filters - Check/Clean / Change*** (/) () ()					
3 O-Rings/Diaphragms/Hoses /Filters - (/) () () Check /Clean / Change****					



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BEMS Planned Preventive Maintenance Checklist
Dental Delivery Units

BE CODE : 11-165

CHECKLIST NO:CL-062 RE7.000

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	where appropriate				Units /	Set	Measured				
vio		Descript	tion		UOM	Values	Values	Limit/Tolerance	PASS	FAIL	NA .
	Incoming water pr	essure*							()	()	1
	Incoming Air pres	sure*					NA		()	()	' /'
	Vacuum*						7	,	()	()	
	*refer manufac	turer's recomme	ended min & max	c Ilmits							
		<u></u>									
RT 7	ELECTRICAL SA	EETY TEST									
	ICAL SAFETY TES										
	(in accordance to IEC 6										
		PASS	FAIL		N	ΙA					
ART 8	NOTES										
				****************		<u> </u>					****
	-										
											
		CORRECTIVE	MAINTENANCE R	REQUIRED			FUNCTION	NG	NOT FUNCTION		0 e P
wo	RK ORDER NO		MAINTENANCE R	REQUIRED		Ø	FUNCTION	NG .	NOT FUNCTION		\$13 F
	RK ORDER NO	•	NA		is functio	ning to the					\$13 f

Fluke Biomedical

Date 27/03/2018

Test Setup

Operator ID Calibration Tech LBNBME

Calibration Date Firmware Version

10/01/2019 2.08.01

Serial Number

27/03/2018 & 15:33 Date & Time

JOB Name

DUT Information

Equipment Number Serial Number

Manufacturer Model

Location

Other

WPL 000594

KLINIK PERGIGIAN

Template Information

Template Name Pause after Power ON Power ON delay

Test Speed Halt on Test Failure Include Time

Insulation Resistance Voltage 250V

Multi Enclosure Test

DENTAL DELIVERY UNITS

NO RAPID YES YES

Pause before Power OFF Power OFF delay Test Mode

Multi PE Test Multi Resstore

Reverse Polarity Classification

IEC62353-Differential

NO 0 AUTO

NO

WORST/LAST

YES

PLC Configuration-Applied part setup

AP Name

AP Type

AP Num

ESA615 Test Results

Status
P
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P
Þ
P
P
Р
P
P
Ρ
P

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