# form B03 Scheduled Maintenance Work Order



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

Work Order No.	PWO372033	Schedu	le Month	March 2018					
Work Order Date	01/03/2018	Completed Date		72/2/2018					
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Lak	Clinic Code		WPL001					
BE No.	WPL000595	Distict		LABUAN					
BE Category	Water Purification Systems	WO Ass	signed to	Ashmawi					
Ownership	Existing Equipment		Purchase	New					
BE Condition	√ Active		BER Proposed						
Work Order Type	✓ Preventive Maintenance (PM)	Third Party Calibration (TPC)							
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)							
Reschedule Date									
BE Third Party Calib	ration / Statutory Certification Details								
Company Name		Cal / Ce	ert Date	NA					
Contact Number	10%	Cal / Ce	ert Expiry Date						
Lo Clean	chasis, fifting, fuse, considerior. Lasterior and interior.	.1 (	TUNCTION	owh Go	(do				
Schedule Maintenar	nce Execution Details								
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time				
			22/2/2018	1030	1130				
		·							
Customer Remarks									
			<u> </u>		NIK PERO				
Engineer / Technician Name Date	Signature W-	Custom Name Designa Date Seal	er Signature  HERMAN I  ation  Klinik Pergigia	Pergigian( 🖈 [87)	Tingkat 1, Sex Klinik Kesihatan Peti Surat 80544 014, W.P.Labusn pl: 087-596000 est 6033				
For Internal Use									

First Verification QMS Circle Incharge Julius Liansun Biomedičajjenginely, QMG 013-3620179

Final Verification

QMS State Incharge

SVSAH STATE MANASER

CHARTEM MEDICAL SCUTTONS FOR BHD

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# Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Water Purification Systems BE CODE :15-612

CHECKLIST NO: CL-170 REV.000

ΆK	EL ASSET DETAILS				<u> </u>							. <b>s</b> /\a	•~	<u>ላ</u> ል /		
VOR	ORDER NO ► PWO	372	०३३							ASSET NO	<b>&gt;</b> `(	DPI 2	ax	157	7	
ANU	FACTURER > a	1 10								MODEL	<b>&gt;</b>	N	12			-
REQ	UENCY ► 3 MONT	HLY (	) 6	MONT	HLY	( )		12 MONTHLY	<b>(</b> /)	PPM HOURS	<b>&gt;</b> /	1.8_				
PAR	2 SPECIAL PREGAUTION															
there	e is evidence of body fluid conta	mination, so	ubmit the	device	for cl	eaning	and c	decontamination	n before insp	ecting it.						
Vear	ear appropriate Personnel Protection Equipment (PPE) during work.															
	grounded electrostatic wristband															
Refer	to the safety procedure for addit	tional preca	utions and	d guida	nce a	as per m	anuf	acturer guidelir	nes.							ı
/lake	sure the test equipment used ar	e duly calib	rated.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
PAR	13 TEST APPARATUS															
ick (	√) where appropriate	1						1							UE 0	$\exists$
NC	ASSET NO			DES	CRIP	NOIT			SE	ERIAL NO	_	CALIE	BRATI		UE O	N .
1	TEESAOOSS	ELECTRI	ICAL SAF	ETY AI	NALY	/ZER			3,22	7059		10.	11/	20/6	7	
																1
		<u> </u>														
PAR	T 4 QUALITATIVE TASKS															
Tick (	$\sqrt{\ }$ ) where appropriate		PASS	FAIL		NA						PASS	F/	AL.	NA	
			17.00		•											
1 (	Chassis - verify physical integrity	<i>i</i> .	(/)	(	) (	)	9	Indicators/ Dis	splays - verify	proper illumina	ition	( )	(	)	(	- )
	cleanliness and condition	, ,	~ ′	•	, .	·		and operation								
2 1	Mount/ Fasteners - verify physic	al integrity	(/)	(	) (	)	10	AC Plug - veri	fy integrity				(	)	(	)
							i									Ì
3	Power Cord - verify physical inte	grity	( /)	(	) (	)	11	Label - verify p	physical integ	rity			(	)	(	)
			,													
	Alarms/ Interlocks - check all ala	arms	( )	(	) (	X	12	Accessories - general physic		accessories an	ıd		) (	)	(	)
	available							general physic	cal condition							
	Circuit Breaker/ Fuse - verify int		(/)	(	) (	)	13	Fittings/ Conn fittings/connec		k all		(/	) (	)	(	)
	external circuit breaker and/or ra external fuse	ating or						•				,				
6	Strain Relief - verify physical in both ends of line cord	tegrity at	(/)	(	) (	( )	14	Tube/Hose -	verify physic	al condition			) (	)	(	)
													. ,		,	<u></u>
	Controls/Switches/Keypad/Dial proper operation of controls	- verify	( /)	(	) (	( )	15	Motor/ Pump	- Verify physic	cal integrity		(	) (	)		( )
	proper operation or controls															
8	Cables - verify integrity		( /)	(	) (	( )										
PAF	RT 5 PREVENTIVE MAINTENA	ANCE TASI	KS													
Tick (	( $\sqrt{\ }$ ) where appropriate															
			DONE	ON 00D **		NA										
1	Inspect , Clean Interior and Ext	erlor	( <u> </u>	) (	) (	( )	Not	es:								
2	Filter - Check/Clean/Replace**	*		) (	) +	(		* For a	all parts, NA i	s defined as No 'NOT DONE', t	OT AP	PLICAB	LE art 8			
									u nave ticked ose whicheve		u i <del>c</del> i i ju	egily III F	artu			
3	Tube /Hose - Check/Replace**	*		) (	)	(										

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### Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Water Purification Systems CHECKLIST NO: CL-170 REV.000

WORK ORDER NO   CORRECTIVE MAINTENANCE REQUIRED  NOT FUNCTIONING  NEXT PPM DATE	antum Medical holutions sdru na cuding inmediates, symmetry men	Alife	Water Purif BE Co	ication S ODE:15-612				<u> </u>	
Vision appropriate   Description   Description   Units   Set   Mossured   LimitTolorance   PASS   FAIL   NA	ORK ORDER NO	· pwo 37 2033							
NO Description Units   Set   Measured   LenitTolerance   PASS   FAIL   NA    NAT   ELECTRICALISAFETY TEST    CENTICAL SAFETY TEST   (statch report)    PASS   FAIL   NA    NAT   PASS   FAIL   NA    NAT   PASS   PAIL   NA    NA   PASS   PAIL   NA	***************************************								
UOM Values Values  Values Values  Valu			Units /	Set	Measured	1 Institution	DAGG	EAS NA	
ECTRICAL SAFETY TEST, (state) report)    PASS	No	Description				Limit/Tolerance	PASS	PAIL NA	
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS									
ECTRICAL SAFETY TEST, (state) report)    PASS			<del></del>						
ECTRICAL SAFETY TEST, (state) report)    PASS		and the second s							
PASS   FAIL   NA  NOTES  15 - Item 2  Lase inclinate the part number, description of PPM Kik and any repair work to be carried out (if any):  CORRECTIVE MAINTENANCE REQUIRED   FUNCTIONING   NOT FUNCTIONING  WORK ORDER NO   NAT FUNCTIONING   NEXT PPM DATE   21/3 / 24  PM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.  OMPLETED BY:	ADT TEROTORY	GARRYSTOPT						grada kanagan	
Tr. 5 - Item 2  asse indicate the part number, description of PPM Kit and any repair work to be carried out (if any):  CORRECTIVE MAINTENANCE REQUIRED  CORRECTIVE MAINTENANCE REQUIRED  FUNCTIONING  NEXT PPM DATE	***************************************								
The state of the part number, description of PPM Kit and any repair work to be carried out (if any):    Corrective Maintenance Required	ECTRICAL SAPETT	TEST, (attach report)							
The state of the part number, description of PPM Kit and any repair work to be carried out (if any):    Corrective Maintenance Required		PASS FAIL		NA					
The state of the part number, description of PPM Kit and any repair work to be carried out (if any):    Corrective Maintenance Required   Functioning   Not Functioning									
The state of the part number, description of PPM Kit and any repair work to be carried out (if any):    Corrective Maintenance Required   Functioning   Not Functioning	ARTS NOTES								
CORRECTIVE MAINTENANCE REQUIRED  CORRECTIVE MAINTENANCE REQUIRED  FUNCTIONING  NEXT PPM DATE  PM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.  COMPLETED BY:							une q v + com de principa.		•
CORRECTIVE MAINTENANCE REQUIRED FUNCTIONING NOT FUNCTIONING  WORK ORDER NO  NEXT PPM DATE 21/3 / 20  PM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.  OMPLETED BY:	art 5 - Item 2								
WORK ORDER NO  NEXT PPM DATE	ease indicate the par	t number, description of PPM Kit and any rep	pair work to be ca	rried out (	lf any) :				
WORK ORDER NO  NEXT PPM DATE									
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WORK ORDER NO  NEXT PPM DATE		CORRECTIVE MAINTENANCE REQ	UIRED		FUNCTION	IING I	NOT FUNCTIO	NING	
PM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose.  OMPLETED BY:	L	_		/				21/	2 /201
OMPLETED BY:	WORK ORDER N	NO P	E.M.J.	-		1	NEXT PPM DA	re ►	
OMPLETED BY:									
		ned in accordance to the checklist and the e	quipment is functi	oning to tl	ne intended p	urpose.			
	COMPLETED BY:								
416: 121214 1 1 <del>2-</del> 177	MATE: On /	1 /2-10							

## Fluke Biomedical

Date 22/03/2018

#### Test Setup

Operator ID Calibration Tech

Calibration Date Firmware Version

Serial Number Date & Time JOB Name

LBNBME

10/01/2019 2.08.01 322703/2018 & 11:20

#### **DUT Information**

Equipment Number Serial Number Manufacturer Model Location Other

WPL 000595

KLINIK PERGIGIAN

#### Template Information

Template Name Pause after Power ON Power ON delay NO 2 RAPID Test Speed Halt on Test Failure YES Include Time YES
Insulation Resistance Voltage 250V Multi Enclosure Test NO

WATER PURIFICATION Standard Pause before Power OFF Power OFF delay Test Mode Multi PE Test

Multi Resstore Reverse Polarity Classification

IEC62353-Differential

NO 0 ÃUTO МО WORST/LAST

YES

#### 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	0.19 Ohm	0.3		P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	₩	P
Mains Voltage				P
Live to Neutral	241.3 V		-	P
Live to Earth	11.8 V	_	-	Р
Neutral to Earth	240.6 V	_	_	P
Equipment Current	12.1 A		-	P
Differential Leakage				Р
Normal Condition	43 uA	500	_	P
Normal Condition-Reversed mains	57 uA	500	-	P

Signature

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