

Form B03

Scheduled Maintenance Work Order

Quantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0340287	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	23/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWPLAR009	District	SIBU
Be Category	Laryngoscopes, Rigid	WO Assigned to	SIUBME1
Ownership	<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number	N/A	Cal / Cert Expiry Date	N/A

Action Taken

To do ppm as per checklist attached.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
0012	WED.	23/1/2018	1200	1330
	charles			

Customer Remarks

Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
WED. WEDNISLEYJI JIMMY BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS 23/1/18	ARTHUR ASAK AR ROSAT Pn Pegawai Perubatan U32 LPPM 5306

For Internal Use Only

First Verification

QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification

QMS State Incharge



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BEMS Planned Preventive Maintenance Checklist

Laryngoscopes, Rigid

BE CODE : 15-076

CHECKLIST NO: CL-087
REV.000**PART 1 ASSET DETAILS**

WORK ORDER NO ▶ PWO340287

ASSET NO ▶ SWPLAR 009

MANUFACTURER ▶ Welch Align Inc.

MODEL ▶

FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)

PPM HOURS ▶ 0.30

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
1		ELECTRICAL SAFETY ANALYZER	NA	

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	8 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(✓)
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	9 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()
3 Cables - verify integrity	()	()	(✓)	10 Controls/Switches - verify proper operation of controls	()	()	(✓)
AC Plug - verify integrity	(✓)	()	()	11 Check Charger - verify proper operation	(✓)	()	()
5 Power Cord - verify proper insulation and integrity	(✓)	()	()	12 Check lamp holder	(✓)	()	()
6 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	13 Check blade lock - Physical integrity	(✓)	()	()
7 Strain Relief - verify physical integrity at both ends of line cord	()	()	(✓)				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

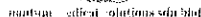
	DONE	NOT DONE	NA
1 Clean the exterior and interior of the equipment	(✓)	()	()
2 Check/replace battery	(✓)	()	()
3 Check / replace lamp	(✓)	()	()

Notes:

* For all Parts, NA is defined as NOT APPLICABLE

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

*** Choose Whichever Applicable



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PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

and functioning well

11

CORRECTIVE MAINTENANCE REQUIRED

FUNCTIONING

11

NOT FUNCTIONING

WORK ORDER NO. ▶ _____

NEXT PPM DATE - JUN 17

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

COMPLETED BY:

DATE :

23/1/14