

## Form B03

## Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd  
transcending boundaries, transforming life

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

Work Order No.	PWO371519	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	25-06-2018
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015
BE No.	JHNLIE016	Distict	BATU PAHAT
BE Category	Light, Examination	WO Assigned to	MUHD SHAZRUL .
Ownership	<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input checked="" type="checkbox"/> New
BE Condition	<input checked="" type="checkbox"/> Active	<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)	

Reschedule Date	
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<b>BE Third Party Calibration / Statutory Certification Details</b>			
Company Name	NA	Cal / Cert Date	NA
Contact Number		Cal / Cert Expiry Date	
<b>Action Taken</b>			
<input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use.		Manufacturer :	
<input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown		Modal :	
BE Sticker Availability : <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Serial No :	
Remarks:			

<b>Schedule Maintenance Execution Details</b>				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	MUHD SHAZRUL .	25-06-2018	15:55	16:45

Customer Remarks	
Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
NA.  25/06/2018 QUANTUM MEDICAL SOLUTION MUHAMMAD SHAZRUL BIN MOHD SAMSURI BIOMEDICAL TECHNICIAN	 Nur Hazirah Nacey Abdullah (No. Pendaftaran Penuh: 54451) Jururawat U29 KK Kg. Kenangan Dato Onn 25/6/18

For Internal Use

First Verification

QMS Circle Incharge

RAZILA MISKAN  
 Biomedical Engineer (Circle In-Charge)  
 Quantum Medical Solutions Sdn. Bhd.

Final Verification

QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Light, Examination

BE CODE : 12-276

CHECKLIST NO: CL-091-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWD 371519

BE NO ▶ JHNLIE 016

MANUFACTURER ▶ L.I.D

MODEL ▶

FREQUENCY ▶ 12 MONTHLY (✓)

PPM HOURS ▶ 0.50

## 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	TEESA 0074	ELECTRICAL SAFETY ANALYZER	3226906	9/10/2018





## PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

- |   |   |             |
|---|---|-------------|
| 1 | Chassis - Verify physical integrity, cleanliness and condition. | (✓) ( ) ( ) |
| 2 | Fittings/Connectors - Verify integrity.                         | (✓) ( ) (✓) |
| 3 | Controls/Switches - Verify proper operation of controls.        | (✓) ( ) ( ) |
| 4 | Easy handling of all the articulation - Verify performance.     | (✓) ( ) ( ) |
| 5 | Brightness - Verify operation.                                  | (✓) ( ) ( ) |

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE **	NA	Notes:
1 Lense - Check and clean.	(  ) (   ) (   )			4 Bulb holder - Check/replace*** (  ) (   ) (   )
2 Cleanliness - Clean the exterior/interior of the equipment.	(  ) (   ) (   )			Notes:
3 Bulb - Check/replace***	(  ) (   ) (   )			* For all Parts, NA is defined as NOT APPLICABLE **If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable

WORK ORDER NO ▶

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :

Result :

 IEC 60601

☐ IEC 61010

 IEC 62353

 PASS

☐ FAIL☐ NA

## PART 8 NOTES

NA

11

CORRECTIVE MAINTENANCE REQUIRED

## FUNCTIONING

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NOT FUNCTIONING

WORK ORDER NO. NA

NEXT PPM DATE ▶ JUNE 19

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

COMPLETED BY: MUHD SHAZRUL .

DATE: 25-06-2018

## Test Setup

Operator ID :  
 Calibration Tech : DINA  
 Calibration Date : 9/10/2017  
 Firmware Version : 2.08.01  
 Serial Number : 3226906  
 Date & Time : 06/25/2018 & 14:20  
 JOB Name :

## DUT Information

Equipment Number : JHPLIE016  
 Serial Number :  
 Manufacturer : NA  
 Model : NA  
 Location : KK PESTA  
 Other :

## Template Information

Template Name :	JHPLIE016	Standard :	IEC60601-1-2nd Ed
Pause after Power ON: NO		Pause before Power Off: NO	
Power ON delay:	2	Power OFF delay:	0
Test Speed:	NORMAL	Test Mode:	AUTO
Halt on Test Failure: YES		Multi PE Test:	NO
Include Time: YES		Multi Resstore:	WORST/LAST
Insulation Resistance \ 500V		Reverse Polarity:	YES
Multi Enclosure Test : NO		Classification:	I

## PLC Configuration-Applied part setup

AP Name AP Type AP Num

## ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Insulation Resistance				P
Mains to Non-Earth Accessible Conductive Part	999 MOhm -	-	-	P
Mains Voltage				P
Live to Neutral	241.2 V -	-	-	P
Equipment Current	0.2 A -	-	-	P
Enclosure Leakage Current				P
Normal Condition	0.5 uA-OPI	100 -	-	P
Open Neutral	0.7 uA-OPI	500 -	-	P
Open Neutral- Reversed Mains	0.7 uA-OPI	500 -	-	P
Normal Condition- Reversed Mains	0.6 uA-OPI	100 -	-	P
Earth Leakage Current				P
Open Neutral	2.1 uA-OPI	1000 -	-	P

  
 Signature

