

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.	PWO365218	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	28/6/18
Clinic Name	Klinik Kesihatan Sri Merlong	Clinic Code	JHR005
BE No.	JHNANE002	Distict	BATU PAHAT
BE Category	ANALYZERS, LABORATORY, HEM	WO Assigned to	Farhan
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 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	na	Cal / Cert Date	na
Contact Number		Cal / Cert Expiry Date	
Action Taken <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. Manufacturer: Minivoy <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown Modal: BC-305 BE Sticker Availability: <input type="checkbox"/> Yes / <input type="checkbox"/> NA Serial No: TH-73001842 Remarks: Under Warranty from by Supplier (HISTOCENTER (M) SDN BHD)			

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	28/6/18	1400	1530

Customer Remarks	NA
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Engineer / Technician Signature Name: MOHD NAJIB FARHAN B. ISMAIL Date: 28/6/18 Designation: BIOMEDICAL ENGINEER (012-396 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.	Customer Signature Name: AIMIZAH ANLI Date: 28/6/18 Designation: Seal:
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For Internal Use

QUANTUM MEDICAL SOLUTIONS
 RAZIA BINTI MISKAR
 BIOMEDICAL ENGINEER

First Verification
QMS Circle Incharge

Final Verification
QMS State Incharge

Orlando	One team	8/14
	VPN 480	28/3
	VM 826	14/2
	CE1 011	8/8/14



HISTOCENTER (M) SDN. BHD. (Company No. 162280-X)

Kuala Lumpur Office: B-G-2, Jalan Dataran SD2, Dataran Sri Damansara, Bandar Sri Damansara, PJU 9, 52200 Kuala Lumpur, Malaysia.
Tel: 03-62771136, 62774616 Fax: 03-62771305 E-mail: histo@histocenter.com
Website: www.histocenter.com

(Registration Number with the Kementerian Kewangan: 357-00012506)
GST Registration No. : 000015794176



REPAIR CALL CARD		No 72510
CUSTOMER : <i>Klinik kesihatan Seri Merlong</i>	INSTRUMENT : <i>Haematology Analyzer</i>	
	MODEL NO. : <i>BC-30s</i>	
ADDRESS : <i>Batu Pahat, Johor</i>	SERIAL NO. : <i>TH-73001842</i>	
	PERSON IN CHARGE :	
	COMPLETION DATE : <i>28/6/2018</i>	
	LOCATION :	
	CUSTOMER'S ORDER :	
<input type="checkbox"/> Installation <input type="checkbox"/> Commissioning <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Paid Repair <input type="checkbox"/> Contract Service		
<i>perform preventive maintenance for the above instrument</i>		
<i>please refer to the attached checklist for detail</i>		
Quantity	Part(s) Number	Parts Replaced / Supplied
<i>1</i>		<i>Wipe block</i>
<i>1</i>		<i>Isolation chamber</i>

Customer acknowledged that this unit is operational and that the job has been satisfactorily completed

for HISTOCENTER (M) SDN BHD

Customer's signature and company chop

DATE: *28/6/2018*

[Signature]

Serviced by



HISTOCENTER (M) SDN BHD
Kuala Lumpur Office: B-0-2, Jalan Dutaan SDC, Dutaan SDC Damansara, Bandar Sri Damansara,
P.O. Box 52300 Kuala Lumpur, Malaysia
Tel: 03-62771131 Fax: 03-62771305 E-mail: info@histicenter.com
Website: www.histicenter.com
Registration Number with the Registrar of Companies: 352-00012860
GST Registration No.: 00001234178



REPAIR CALL CARD		
CUSTOMER:		INSTRUMENT:
ADDRESS:		MODEL NO.:
		SERIAL NO.:
PERSON IN CHARGE:		COMPLETION DATE:
LOCATION:		CUSTOMER'S ORDER:
<input type="checkbox"/> Installation <input type="checkbox"/> Commissioning <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Paid Repair <input type="checkbox"/> Contract Service		
Please refer to the attached report for details		
Before purchase maintenance for the above instrument		
Quantity	Part(s) Number	Parts Replaced / Supplied
1		Wipe Block
1		Isolation Chamber

Customer acknowledged that this unit is operational and that the job has been satisfactorily completed

for HISTOCENTER (M) SDN BHD

Customer's signature and company chop

DATE: _____

Serviced by _____

**HISTOCENTER (M) SDN BHD
MACHINE MAINTENANCE CHECKLIST**

Preventive Maintenance Service For Mindray Hematology Analyzer

CUSTOMER : Klinik Kesihatan Seri Mertajam MODEL: BC-30s
DATE : 28/6/2018 SERIAL NO: TH-73001842

CHECK LIST

Work Station

	<u>PASS</u>	<u>FAIL</u>
1. PC Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Printer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. UPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Reagent and Waste Tubing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Main Unit

Overview of Instrument Performance

	<u>CHECK</u>	<u>FAIL</u>
1. Calibration & QC results	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test Results	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Log File	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remark :		

2. Analyzer Main Unit

	<u>CLEAN</u>	<u>REPLACED</u>
Wipe Block (6 months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Probe Wipe Clamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pinch Valve Tubing (BC-5150)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waste Pump Tubing T68/T68 (BC-5150)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Isolation Chamber (12 months)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Check Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Filter (6 months)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sampling Probe (12 months or 30000 times)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waste Pump Filter Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diluent Filter with tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WBC Bath	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RBC Bath	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**HISTOCENTER (M) SDN BHD
MACHINE MAINTENANCE CHECKLIST**

Preventive Maintenance Service For Mindray Hematology Analyzer

3 Software Maintenance

PASS

FAIL

Cleaning

☐

Maintenance

☐

Background

☐

Repeatability Test

☐

Carryover Test (When necessary)

☐

4 Software Version

V01.06.00.1979

Remarks:

For HISTOCENTER (M) SDN BHD

Customer :

Date :

Grafik 28/6/18

Service by :

Date :

Yick Sen

WONG YICK SEN

28/6/2018