

Form B03

Scheduled Maintenance Work Order



Quantum Medical Solutions sdn bhd
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO365254	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	26/6/18
Clinic Name	Klinik Kesihatan Batu Pahat	Clinic Code	JHR003
BE No.	JHR000014	Distict	BATU PAHAT
BE Category	Analyzers, Laboratory, Urine, Semi	WO Assigned to	Fchen
Ownership	<input checked="" type="checkbox"/> Existing Equipment	<input type="checkbox"/> Purchase	<input 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

☒ PM / RI job done as per checklist. Unit tested functioning good & ready to use.

☐ Corrective Maintenance / ☐ Breakdown

BE Sticker Availability : ☒ Yes / ☐ NA

Remarks:

Manufacturer : Roche

Modal : Cobas u411

Serial No : 7223

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Fchen	26/6/18	1500	1600

Customer Remarks

NA

Engineer / Technician Signature Name: [Signature] Date: 26/6/18 	Customer Signature Name: [Signature] Designation: AFIZA BINTI ABD. AZIZ Date: 8/7/2018 Seal: [Stamp: Jun. Teknologi Makmal Pembatan U32 (KLUP), Klinik Kesihatan Batu Pahat]
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For Internal Use

[Signature]
 QUANTUM MEDICAL SOLUTIONS
 RAZILA BINTI ABD. AZIZ
 BIOMEDICAL ENGINEER

First Verification
 QMS Circle Incharge

Final Verification
 QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Urine, Semiautomated (Medium)
BE CODE : ME-010

CHECKLIST NO: CL-019-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWO 365254 BE NO ▶ JH200001P
MANUFACTURER ▶ Roche MODEL ▶ B Colson
FREQUENCY ▶ 6 MONTHLY (/) 12 MONTHLY () PPM HOURS ▶ 1.00

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
	TEESA0074	ELECTRICAL SAFETY ANALYZER	322696	9/10/18

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	9 Test Strip Tray - Verify Physical integrity	(✓)	()	()
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	10 Motor - Verify proper operation	(✓)	()	()
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	(✓)	()	()	11 Date /Time Verify Proper Setting	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12 LED- Verify Proper Operation	(✓)	()	()
5 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(✓)	()	()				
6 Controls/Switches/Keypad - verify proper operation of controls	(✓)	()	()				
7 Indicators/Displays Verify Proper Operation	(✓)	()	()				
8 Printer - Verify Operation	(✓)	()	()				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Cleanliness-Clean Interior and Exterior of the Unit	(✓)	()	()	5 Carryout Calibration As needed	(✓)	()	()
2 Clean the Test Strip Tray	(✓)	()	()				
3 Lubricate Moving Parts	(✓)	()	()				
4 Clean Printer Assembly	(✓)	()	()				

* For all Parts, NA is defined as NOT APPLICABLE

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

Notes: *** Choose Whichever Applicable



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WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA
	Calibration Report (please attach)					()	()	()
	QC Report (please attach)					()	()	()

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :



IEC 60601



IEC 61010



IEC 62353

Result :



PASS



FAIL



NA

PART 8 NOTES



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO ▶

NEXT PPM DATE ▶ Dec 18

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

COMPLETED BY:

Fahma
26/6/18

DATE :

Date :30/5/2018

Test Setup

Operator ID :
Calibration Tech : DINA
Calibration Date : 9/10/2016
Firmware Version : 2.08.01
Serial Number : 3226906
Date & Time : 06/26/2018 & 15:26pm
JOB Name :

DUT Information

Equipment Number : JHR000014
Serial Number : 7227
Manufacturer : ROCHE
Model : COBAS U411
Location : KK BATU PAHAT
Other :

Template Information

Template Name : JHR000014
Pause after Power ON: NO
Power ON delay: 2
Test Speed: NORMAL
Halt on Test Failure: YES
Include Time: YES
Insulation Resistance \ 500V
Multi Enclosure Test : NO

Standard : IEC60601-1-2nd Ed
Pause before Power O: NO
Power OFF delay: 0
Test Mode: AUTO
Multi PE Test: NO
Multi Restore: WORST/LAST
Reverse Polarity: YES
Classification: II

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 Par	999 MOhn	-		P
Mains Voltage				P
Live to Neutral	254.0 V	-	-	P
Equipment Current	0.0 A	-	-	P
Enclosure Leakage Current				P
Normal Condition	0.5 uA-OPI	100	-	P
Open Neutral	0.6 uA-OPI	500	-	P
Open Neutral- Reversed Mains	0.7 uA-OPI	500	-	P
Normal Condition- Reversed Mains	0.5 uA-OPI	100	-	P
Earth Leakage Current				P
Open Neutral	18.3 uA-OI	1000	-	P

Signature

