

## 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.	PWO365768	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	3/6/2018
Clinic Name	Klinik Desa Parit Amil	Clinic Code	JHR097
BE No.	JHNSTT042	Distict	BATU PAHAT
BE Category	STERILIZING UNITS, STEAM, TAE	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	
<b>Action Taken</b> <input checked="" type="checkbox"/> PM / RI job done as per checklist. Unit tested functioning good & ready to use. <input type="checkbox"/> Corrective Maintenance / <input type="checkbox"/> Breakdown BE Sticker Availability: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA Remarks: ppm warranty.		Manufacturer: Newmed Modal: Kronos B23 Serial No: KB204F 2564	

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	3/6/18	1030	1130

Customer Remarks	NA
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Engineer / Technician Signature Name: MOHD NAJIB FARHAN B. ISMAIL Date: 3/6/18 BIOMEDICAL ENGINEER (012-396 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.		Customer Signature Name: [Signature] Designation: Date: Seal:	
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For Internal Use

First Verification  
QMS Circle Incharge

RAZILA BINTI MISKAM  
BIOMEDICAL ENGINEER

Final Verification  
QMS State Incharge





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M/s

KLINIK DESA PARIT AMIL

Location	3/LIK RAWATAN	
Type of equipment	NEWMED KRONOS	
S/No.	KB20HF2564	
Model	B23	Warranty
Repair	PPM (2nd)	<del>Service Contract</del>

Date	3/6/2018
Our quotation no.	N/A
Order No.	N/A
Time arrived	10.45 am
Time finished	


- CHECK POWER SUPPLY , FUSES , DISPLAY , TOUCH-PAD , BOARD , DOOR GASKET & MECHANISM , VALVES , VAPORIZER , HEATER BAND , PIPING AND WIRING. OKAY!
- TEST OVERALL PART FUNCTION , ALL IN GOOD CONDITION.
- CLEAN OVERALL UNIT.
- RUN VACUUM TEST (0.9 mbar/min) & HELIX /BD TEST - PASS!
- AUTOCLAVE CAN BE USE AS USUAL.

Parts Changed			
Item	Parts No.	Description	Quantity
		N/A	
		MOHD NAJIB FARHAN B. ISMAIL BIOMEDICAL ENGINEER (012-396 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.	

Recommended Parts Changed			
Item	Parts No.	Description	Qty

	Remarks
	N/A

Signature of service engineer



**MOHD AFIQ BIN MARZUKI**

Customer stamp & signature

2113357

INVESTIGATION OF PHYSICAL EVIDENCE

REPORT OF THE INVESTIGATOR

KIMIK DEAN KARL UNIT

EP: 00

2/6/2018

A/N

A/N

10-45 AM

BRICK KAWAIA

WINDY KAWAIA

4/20/2018

BOB

10/11/2018

- Check power supply, fuses, power pad, board, door switch & mechanism.
- Valves, vaporizer, heater band, wiring and wiring. OKAY!
- Test electrical part function, all in good condition.
- Clean overall unit.
- Run vacuum test to 100% (min) 1/2 liter 1/2 liter. Pass!
- Radiator can be used as usual.

4/4

4/4

4/4





## NEWMED KRONOS PORTABLE STERILIZER

### Preventive Maintenance Check List

Inspection Period :	1	2	3	4
Date Of Inspection:	2-6-2018			
P/W Performed by :	PRONGS / APQ			
Cycles Completed :	97			

Key: AJ = Adjusted  
CL = Cleand  
LB = Lubricated  
CK = Check

Customer :	EO Party Ann
Location :	Bilik rayuan
Serial No:	RB2044 0564
Asset No :	1

RP = Replace  
RE = Rebuilt  
SV = Service/Calibrate  
T = Test

## 1.0 EXTERNALLY

1.1 Discuss equipment with operator & Check Printouts	OK		
1.2 Drain the used water tank	OK		
1.3 Change the in-line water filter on filling hose	OK		
1.4 Change the bacterial filter element (every 250 cycles maximum)	OK		
1.5 Check the condition of display panel and operation of all push-buttons	OK		
1.6 Check the condition of autoclave fuses	OK		
1.7 Check the condition of supply cable and connection plug	OK		
1.8 Clean all outer surfaces and remove any stains or scratches if possible	OK		
1.9 Lubricate the door hinges and clean door surface (only use water and sponge)	OK		

## 2.0 CHAMBER & INTERNAL COMPONENTS

2.1 Drain the clean water tank & clean internally (remove steel plate and use only water)	Ch			
2.2 Change the 2 internal stainless steel filters ( every year change)	Ch			
2.3 Change the door seal ( every year change)	Ch			
2.4 Change the in-line water filter (from to tank injection pump) ( every year change)	Ch			
2.5 Change the 2 X non-return valves connected to EV5 & EV8 ( every year change)	Ch			
2.6 Check the steam generator ( change steam generator if connection inside of chamber is white)	Ch			
2.7 Check all internal connections for signs of any leakage (rebuild connections if required)	Ch			
2.8 Check the operation of the float switches of the clean & used water tanks	Ch			
2.9 Clean the inside of the Chamber (only use water and sponge)	Ch			
2.10 Check the tray holder for damage and corrosion (do not clean trays)	Ch			
2.11 Check & lubricate the motorised locking mechanism (using SVITOL by Arexons, only - cod.4104)	Ch			
2.12 Check the pipe work and wiring for any signs of damage or wear	Ch			
2.13 Every 2000 cycles or yearly (which required come 1st) : Change the solenoid valves EV1, EV2 & EV5	Ch			
2.14 Every 2000 cycles or yearly (which required come 1st) : Change the valves of the vacuum pump (if present)	Ch			
2.15 Every 2000 cycles or yearly (which required come 1st) : Check the solenoid valve EV8 (if present, and replace if required)	Ch			

### 3.0 OPERATIONS CHECK

3.1 Run "VACUUM TEST" and check door alignment (adjust door alignment under vacuum if required)		✓		
3.2 Complete "VACUUM TEST" cycle and check for positive result		✓		
3.3 Run "134°C" cycle and check for signs of any steam leakage (rebuild connections id required)		✓		
3.4 Check autoclave calibration during sterilisation with test equipment (adjust calibration if required)		Ch		

SERVICE COMPLETED

Engineer Signature :

Customer Signature :

