

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.	PWO365633	Schedule Month	June 2018
Work Order Date	01/06/2018	Completed Date	28/6/18
Clinic Name	Klinik Kesihatan Pesta / Kampung Ken	Clinic Code	JHR015
BE No.	JHR002010	Distict	BATU PAHAT
BE Category	Analyzers, Laboratory, Urine, Semi	WO Assigned to	Fathan
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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3E 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: BYD

Modal: Uniscan Optima II

Serial No: UA-60101248

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Fathan	28/6/18	1300	1400

Customer Remarks

NA.

Engineer / Technician Signature

Name

Date

MOHD NAJIB FATHAN S. ISMAIL
BIOMEDICAL ENGINEER
(012-408 7448)
QUANTUM MEDICAL SOLUTIONS SDN BHD.

Customer Signature

Name

Designation

Date

Seal

SITI NURASHKIN MARJUNI
Juruteknologi Makmal Perubatan U29
Klinik Kesihatan Rengit
Batu Pahat

For Internal Use

First Verification

QMS Circle Incharge

RAZILA BINTI MISKAM
BIOMEDICAL ENGINEER

Final Verification

QMS State Incharge



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Urine, Semiautomated (High)
BE CODE : ME-011

CHECKLIST NO: CL-018-000 REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ F40365633 BE NO ▶ THR002010
MANUFACTURER ▶ Yp MODEL ▶ Uniscan Optima II
FREQUENCY ▶ 6 MONTHLY (/) 12 MONTHLY () PPM HOURS ▶ 2.00

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
	<u>TEESM07H</u>	ELECTRICAL SAFETY ANALYZER	<u>3226906</u>	<u>9/10/18</u>

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	9 Sample Probe - Verify Physical Integrity	(✓)	()	()
2 Mount/ Fasteners - verify physical integrity	(✓)	()	()	10 Fan / Motor / Pump / Compressor - Verify Physical Integrity and proper Operation	(✓)	()	()
3 AC Plug / Power Card - verify Physical Integrity and Proper Insulation	(✓)	()	()	11 Alarm / Audible Signal - Verify Operation	(✓)	()	()
4 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	12 Sensors - Verify Physical Integrity	(✓)	()	()
5 Circuit Breaker / Fuses- Verify integrity of external circuit breaker or rating of fuse	(✓)	()	()	13 Labeling - Verify Physical Integrity	(✓)	()	()
6 Fittings/ Connectors - check all fittings/connectors for Physical Integrity	(✓)	()	()				
7 Controls / Switches/Keypad - verify proper operation of controls	(✓)	()	()				
8 Indicators/Displays Verify Proper 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 Clean printer assembly	(✓)	()	()
2 Battery - Check / Replace ***	(✓)	()	()	6 Carry out calibration as needed	(✓)	()	()
3 Clean and Inspect the Printer	(✓)	()	()				
4 Clean the test strip tray	(✓)	()	()				

* For all Parts, NA is defined as NOT APPLICABLE

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

Notes: *** Choose Whichever Applicable



KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist
Analyzers, Laboratory, Urine, Semiautomated (High)
ME-011

CHECKLIST NO:CL-018-000 REV.000

WORK ORDER NO ▶ PWO 365633

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 :

Result :

☒ IEC 60601☐ IEC 61010☐ IEC 62353☐ PASS☐ FAIL☐ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED☒ FUNCTIONING☐ NOT FUNCTIONING

WORK ORDER NO ▶ KPA

NEXT PPM DATE ▶ Dec 19 Jan 1

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

COMPLETED BY:

Fadlan

DATE :

28/1/18

Test Setup

Operator ID :
 Calibration Tech : DINA
 Calibration Date : 9/10/2017
 Firmware Version : 2.08.01
 Serial Number : 3226906
 Date & Time : 06/28/2018 & 01:39pm
 JOB Name :

DUT Information

Equipment Number : JHR002010
 Serial Number : UA-60101248
 Manufacturer : OPTIMA II
 Model : URISCAN
 Location : KK PESTA
 Other :

Template Information

Template Name : JHR002010
 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 Resstore: 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	236.8 V -	-		P
Equipment Current	0.1 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	0.5 uA-OPI	100 -		P
Earth Leakage Current				P
Open Neutral	2.2 uA-OPI	1000 -		P



Signature MOHD NAJIB FARHAN B. ISMAIL
BIOMEDICAL ENGINEER
(012-396 7048)
QUANTUM MEDICAL SOLUTIONS SDN. BHD.

