

Form B04

Scheduled Maintenance Notification Form



Quantum Medical Solutions
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To:
PKB/PPB:
District: I kuching
State: SARAWAK

From: Format Ref.-QMS/TSD-004 Rev.00
State: Quantum Medical Solutions
Zone: SARAWAK

Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM

Clinic Name: Klinik Kesihatan Ibu dan Anak Lundu

Month: Nov-18

Clinic Code: SWK204

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWK009792	Scanning Systems, Ultrasonic, General Purpose	PPM
2			PPM
3			PPM
4			PPM
5			PPM
6			PPM
7			PPM
8			PPM
9			PPM
10			PPM
11			PPM
12			PPM
13			PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

Thank You,

QMS State In-charge Signature: QUINTUS NG STATE MANAGER Quantum Medical Solutions Sarawak Name: Date:	Acknowledged by - PKB/PPB Signature: EASTER LOW KETUA JURURAWAT KESIHATAN U32 KLINIK KESIHATAN IBU DAN ANAK LUNDU Name: Date: 27/11/18
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Legend

PM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.

Page 1 of 1

Acknowledge By:
Designation:
Signature:
Date:

81742

27/01/18