

Form B03

Scheduled Maintenance Work OrderQuantum Medical Solutions sdn bhd
transcending boundaries, transforming life

Format Ref. -QMS/TSD-003 Rev. 00

Work Order No	PW0339454	Scheduled Month	January 2018
Work Order Date	01/01/2018	Completed Date	23/1/2018
Clinic Name	Klinik Kesihatan Jalan Oya	Clinic Code	SWK169
BE No	SWPLAR006	District	SIBU
Be Category	Laryngoscopes, Rigid	WO Assigned to	SIUBME1
Ownership	<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> MEET Equipment	
BE Condition	<input type="checkbox"/> Under Warranty	<input type="checkbox"/> BER Proposed	
Work Order Type	<input type="checkbox"/> Preventive Maintenance (PM)	<input type="checkbox"/> Third Party Calibration (TPC)	
	<input checked="" type="checkbox"/> Routine Inspection (RI)	<input type="checkbox"/> Statutory Certification (SC)	

BE Third Party Calibration / Statutory Certification Details

Company Name	N/A	Cal / Cert Date	N/A
Company Number		Cal / Cert Expiry Date	

Action Taken

To do per ar per checklist attached.

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
022	WEDNISLEYJI JIMMY	23/1/2018	1230	13-00
	Arata			

Customer Remarks

Engineer / Technician Signature Name: WEDNISLEYJI JIMMY Date: 23/1/18 BIOMEDICAL TECH QUANTUM MEDICAL SOLUTIONS	Customer Signature Name: ARTHUR ASAK AR KUDAT Designation: Pen Pegawai Perubatan U32 Date: LPPM 5390 Seal:
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For Internal Use Only

First Verification
QMS Circle Incharge

James Bo
Sr. Biomedical Engineer
Quantum Medical Solutions

Final Verification
QMS State Incharge



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Laryngoscopes, Rigid

BE CODE : 15-076

CHECKLIST NO: CL-087
REV.000

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PW0339454 ASSET NO ▶ SPLAR 006
MANUFACTURER ▶ Welch Allyn Inc. MODEL ▶
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY ☒ PPM HOURS ▶ 0.30

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
1		ELECTRICAL SAFETY ANALYZER	N/A	

PART 4 QUALITATIVE TASKS

Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(/)	()	()	8 Circuit Breaker/ Fuse - verify integrity of external circuit breaker and/or rating of external fuse	()	()	(/)
2 Mount/ Fasteners - verify physical integrity	(/)	()	()	9 Fittings/ Connectors - check all fittings/connectors	(/)	()	()
3 Cables - verify integrity	(/)	()	()	10 Controls/Switches - verify proper operation of controls	(/)	()	()
AC Plug - verify integrity	(/)	()	()	11 Check Charger - verify proper operation	(/)	()	()
5 Power Cord - verify proper insulation and integrity	()	()	(/)	12 Check lamp holder	(/)	()	()
6 Indicators/ Displays - verify proper illumination and operation	()	()	(/)	13 Check blade lock - Physical integrity	(/)	()	()
7 Strain Relief - verify physical integrity at both ends of line cord	()	()	(/)				

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA	Notes:
1 Clean the exterior and interior of the equipment	(/)	()	()	* For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable
2 Check/replace battery	(/)	()	()	
3 Check / replace lamp	(/)	()	()	

WORK ORDER NO ▶

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

and functioning well

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ _____

NEXT PPM DATE

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

COMPLETED BY:

WEDNISLEY JIMMY
BIOMEDICAL TECH
QUANTUM MEDICAL SOLUTIONS

DATE :

23/1/74