

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.	PWO359304	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	26/3/18
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rei	Clinic Code	NSB234
BE No.	NSB003270	Distict	REMBAU
BE Category	STERILIZING UNITS, PORTABLE	WO Assigned to	ISHA
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	NA
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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

PPM JOB DONE

Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		26/3/18	0900	1000

Customer Remarks

Engineer / Technician Signature

Name ISHA

Date 26/3/18

ZUZULISHAH ZUBIR
BIOMEDICAL ENGINEER
QUANTUM MEDICAL SOLUTION SDN BHD
(888557-V)

Customer Signature

Name

DR. NURUL SYAHIDA BT MD ANUAR

Designation: Pendaftar Penuh MDC: 3500)

Pegawai Pergigian

Date 26/3/18

Seal 26/3/18

For Internal Use

First Verification

QMS Circle Incharge

NOR AZLINA MOHD ISHAK
Circle In Charge CC5
Quantum Medical Solutions S/B
(012-396 2139)

26/3/18

Final Verification

QMS State Incharge

ZARIZA HUSSAIN
State Manager
Quantum Medical Solutions S/B
(012-367 1277)

26/3/18

PART 1 ASSET DETAILS

WORK ORDER NO ▶ PWD 359 204 - ASSET NO ▶ NPB05270
MANUFACTURER ▶ SCICAN MODEL ▶ STATIM 2000
FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY (✓) 12 MONTHLY () PPM HOURS ▶ 1 0 0

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>TEESPA150</u>	ELECTRICAL SAFETY ANALYZER	<u>3246906</u>	<u>7/11/18</u>
	<u>TEESP 0300</u>	PRESSURE METER	<u>H28554</u>	<u>13/10/18</u>
	<u>TEES P0038</u>	THERMOMETER	<u>2256060</u>	<u>30/11/18</u>

PART 4 QUALITATIVE TASKS

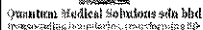
Tick (✓) where appropriate

	PASS	FAIL	NA		PASS	FAIL	NA
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	9 Seal - Verify physical integrity	(✓)	()	()
2 Power Cord - verify proper insulation and integrity	(✓)	()	()	10 Sensor - Verify proper operation	(✓)	()	()
3 Strain Relief - verify physical integrity at both ends of line cord	(✓)	()	()	11 Cassette lid/Tay - Verify physical integrity	(✓)	()	()
4 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	12 Solenoid valve - Verify proper operation	(✓)	()	()
5 Controls/Switches - verify proper operation of controls	(✓)	()	()	13 Reservoir - Verify physical integrity	(✓)	()	()
6 Indicators/ Displays - verify proper illumination and operation	(✓)	()	()	14 Check drain valve -Physical integrity	(✓)	()	()
7 Check Thermal fuse, circuit breaker	(✓)	()	()	15 Check Safety valve	(✓)	()	()
8 Heater - verify physical Integrity	(✓)	()	()	16 Calibration	()	()	(✓)

PART 5 PREVENTIVE MAINTENANCE TASKS

Tick (✓) where appropriate

	DONE	NOT DONE**	NA		DONE	NOT DONE**	NA
1 Clean exterior and interior of the equipment	(✓)	()	()	5 Cassette seal/Lid or tray - Check/Replace***	(✓)	()	()
2 Thermal fuse - Check / replace ***	(✓)	()	()	Notes: * For all Parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8 *** Choose Whichever Applicable			
3 Check/ clean solenoids	(✓)	()	()				
4 Lubricate all moving parts	(✓)	()	()				



BEMS Planned Preventive Maintenance Checklist
Sterilizing units, Portable
 BE CODE : DE-031

CHECKLIST NO: CL-147
REV.000

WORK ORDER NO ▶ PWS 359304

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

[illegible]

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☒ PASS

☐ FAIL

☐ NA

PART 8 NOTES

2A

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING☐ NOT FUNCTIONING

WORK ORDER NO.

NEXT PPM DATE ► MARCH 1992

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

COMPLETED BY: *ASHA*

DATE: 26/2/18.

Fluke Biomedical

Date 5/6/2018

Test Setup

Operator ID QMS N.SEMBILAN-2
Calibration Tech DINA
Calibration Date 11/30/2017
Firmware Version 2.08.01
Serial Number 3246906
Date & Time 26/03/2018 & 14:48
JOB Name

DUT Information

Equipment Number NSB003270
Serial Number
Manufacturer
Model
Location KPR
Other

Template Information

Template Name 62353-Dir. Generic Device
Pause after Power ON NO
Power ON delay 2
Test Speed NORMAL
Halt on Test Failure YES
Include Time YES
Insulation Resistance Voltage 500V
Multi Enclosure Test NO


Standard IEC62353-Direct
Pause before Power OFF NO
Power OFF delay 0
Test Mode AUTO
Multi PE Test NO
Multi Resstore WORST/LAST
Reverse Polarity YES
Classification I

PLC Configuration-Applied part setup

AP Name AP Type AP Num

ESA615 Test Results

Test Name	Value	High Limits	Low Limits	Status
Protective Earth Resistance	0.001 Ohm	0.3	-	P
Insulation Resistance				P
Mains to Protective Earth	999 MOhm	-	-	P
Mains Voltage				P
Live to Neutral	236.3 V	-	-	P
Live to Earth	1.7 V	-	-	P
Neutral to Earth	237.5 V	-	-	P
Equipment Current	0.1 A	-	-	P
Direct Equipment Leakage				P
Open Earth	0.8 uA	500	-	P
Open Earth-Reversed Mains	0.8 uA	500	-	P


Signature