

Form B03

Scheduled Maintenance Work Order



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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO372220	Schedule Month	March 2018
Work Order Date	01/03/2018	Completed Date	27/3/2018
Clinic Name	Klinik Pergigian Sekolah Kebangsaan F	Clinic Code	WPL002
BE No.	WPL000570	Distict	LABUAN
BE Category	Handpieces, Dental	WO Assigned to	Che Muhammad Atillah
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)	

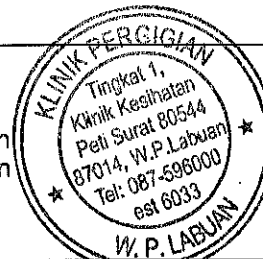
Reschedule Date	
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BE Third Party Calibration / Statutory Certification Details			
Company Name		Cal / Cert Date	
Contact Number	NA	Cal / Cert Expiry Date	NA


Action Taken ↳ Check chasis, fittings and bar holder ↳ Clean exterior and do some alignment. ↳ Perform test, unit perform well (FUNCTIONING GOOD)

Schedule Maintenance Execution Details				
SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
		27/3/2018	0830	0845
	JULIUS LIANSUN BIOMEDICAL ENGINEER, QMS 019-3620179			

Customer Remarks	
Engineer / Technician Signature Name Date	Customer Signature Name Designation Date Seal
CHE MUHAMMAD ATILAH 27/3/2018	HERMAN NOWI Juruteknologi Pergigian Klinik Pergigian Labuan 20/4/18



For Internal Use	First Verification QMS Circle Incharge	Final Verification QMS State Incharge
	JULIUS LIANSUN BIOMEDICAL ENGINEER, QMS 019-3620179	JULIUS LIANSUN 019-3620179

 Quantum Medical Solutions sdn bhd <small>transcending boundaries, transforming life</small>	Quantum Medical Solutions Sdn Bhd BEMS Planned Preventive Maintenance Checklist Handpieces, Dental <small>BE CODE : 11-161</small>	CHECKLIST NO: CL-075 REV.000		
PART 1 ASSET DETAILS				
WORK ORDER NO ▶ <i>W037222</i> MANUFACTURER ▶ <i>AW</i> FREQUENCY ▶ 3 MONTHLY () 6 MONTHLY () 12 MONTHLY (✓)	ASSET NO ▶ <i>Wk 000570</i> MODEL ▶ <i>~ 12</i> PPM HOURS ▶ <i>0.25</i>			
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				
<i>Tick (✓) where appropriate</i>				
NO	ASSET NO	DESCRIPTION	SERIAL NO	CALIBRATION DUE ON
PART 4 QUALITATIVE TASKS				
<i>Tick (✓) where appropriate</i>				
	PASS	FAIL	NA	
1 Chassis - verify physical integrity, cleanliness and condition	(✓)	()	()	
2 Fittings/ Connectors - check all fittings/connectors	(✓)	()	()	
3 Mechanical - Verify condition bearing/O-ring	(✓)	()	()	
4 Label - verify physical integrity	(✓)	()	()	
5 Burr holder - Check proper operation	(✓)	()	()	
PART 5 PREVENTIVE MAINTENANCE TASKS				
<i>Tick (✓) where appropriate</i>				
	DONE	NOT DONE **	NA	Notes:
1 Clean 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 Lubricate - Mechanical parts	(✓)	()	()	



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Enabling Smarter, Safer, Smoother Life

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

Handpieces, Dental

BE CODE : 11-161

CHECKLIST NO: CL-075
REV.000

WORK ORDER NO ▶

372220

PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS	FAIL	NA

PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

(In accordance to IEC 60601)

☐ PASS

☐ FAIL

☒ NA

PART 8 NOTES

☐ CORRECTIVE MAINTENANCE REQUIRED

☒ FUNCTIONING

☐ NOT FUNCTIONING

WORK ORDER NO ▶ NA

NEXT PPM DATE ▶ 26/3/2018

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

COMPLETED BY:

Signature of Technician

DATE:

27/3/2018