

# Form B03

## Scheduled Maintenance Work Order

c/o



Quantum Medical Solutions sdn bhd  
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Format Ref: - QMS/TSD-022 Rev.01

Work Order No.	PWO371345	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.	JHPMIX005	Distict	BATU PAHAT
BE Category	MIXERS (KK)	WO Assigned to	Farhan
Ownership	<input type="checkbox"/> Existing Equipment	<input checked="" 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	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: Under warranty from by supplier on 2/4/18

Manufacturer : Gemmy

Modal : VRN-480

Serial No : 1615584

### Schedule Maintenance Execution Details

SI No	QMS Engineer / Technician Name	Date	Start Time	End Time
	Farhan	28/6/18	900	915

### Customer Remarks

NA

Engineer / Technician Signature	Customer Signature
Name Date MOHD NAJIB FARHAN B. ISMAIL BIOMEDICAL ENGINEER (012-395 7048) QUANTUM MEDICAL SOLUTIONS SDN. BHD.	Name Designation Date Seal SITI NURASHIKIN MARJUNI Junita Teknologi Makmal Pendidikan U23 Klinik Kesihatan Rongg Batu Pahat

For Internal Use

Pzf  
QUANTUM MEDICAL SOLUTIONS  
RAZILA BINTI MISKAN  
BIOMEDICAL ENGINEER

First Verification  
QMS Circle Incharge

Final Verification  
QMS State Incharge





# KEMENTERIAN KESIHATAN MALAYSIA

MEET Planned Preventive Maintenance Checklist

Mixers

BE CODE : 15-590

CHECKLIST NO: CL-100-000  
REV.000

## PART 1 ASSET DETAILS

WORK ORDER NO ▶ DWC 371345 BE NO ▶ JHPM1 X 005  
MANUFACTURER ▶ Gemung MODEL ▶ VENZABO  
FREQUENCY ▶ 6 MONTHLY ( ) 12 MONTHLY ( ☒ ) PPM HOURS ▶ 1.00

## 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>UEESAD074</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	( <input checked="" type="checkbox"/> )	( )	( )	8 Controls/Switches - verify proper operation of controls	( <input checked="" type="checkbox"/> )	( )	( )
2 Casters/Brakes - if mounted, verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )	9 Indicators/ Displays - verify proper illumination and operation	( <input checked="" type="checkbox"/> )	( )	( )
3 AC Plug - verify integrity	( <input checked="" type="checkbox"/> )	( )	( )	10 Alarms/ Interlocks - check all alarms available	( <input checked="" type="checkbox"/> )	( )	( )
4 Power Cord - verify proper insulation and integrity	( <input checked="" type="checkbox"/> )	( )	( )	11 Motor - verify proper operation	( <input checked="" type="checkbox"/> )	( )	( )
5 Strain Relief - verify physical integrity at both ends of line cord	( <input checked="" type="checkbox"/> )	( )	( )	12 Label - verify physical integrity	( <input checked="" type="checkbox"/> )	( )	( )
6 <del>Circuit Breaker</del> / Fuse - verify integrity of external circuit breaker and/or rating of external fuse	( <input checked="" type="checkbox"/> )	( )	( )				
7 Fittings/ Connectors - check all fittings/connectors	( <input checked="" type="checkbox"/> )	( )	( )				

## PART 5 PREVENTIVE MAINTENANCE TASKS

Tick ( ☒ ) where appropriate

	DONE	NOT DONE **	NA	
1 Clean/Inspect the Exterior & Interior	( <input checked="" type="checkbox"/> )	( )	( )	
2 Lubricate	( <input checked="" type="checkbox"/> )	( )	( )	

Notes: \* For all Parts, NA is defined as NOT APPLICABLE  
\*\*If you have ticked 'NOT DONE', then justify in Part 8  
\*\*\* Choose Whichever Applicable



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REV.000

WORK ORDER NO ▶ Pwo 371345

## PART 6 QUANTITATIVE TASKS

Tick (✓) where appropriate

No	Description	Units / UOM	Set Values	Measured Values	Limit/Tolerance	PASS FAIL NA
	NOT APPLICABLE					

## PART 7 ELECTRICAL SAFETY TEST

ELECTRICAL SAFETY TEST, (attach report)

Tick (✓) where appropriate

Standard use :



IEC 60601



IEC 61010



IEC 62353

Result :



PASS



FAIL



NA

## PART 8 NOTES



CORRECTIVE MAINTENANCE REQUIRED



FUNCTIONING



NOT FUNCTIONING

WORK ORDER NO

NA

NEXT PPM DATE

Jun 19

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

COMPLETED BY:

Farhan

DATE :

28/6/16

## 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 & 09:03am  
 JOB Name :

## DUT Information

Equipment Number : JHPMIX005  
 Serial Number : 1615584  
 Manufacturer : GEMMY  
 Model : VRN-480  
 Location : KK PESTA  
 Other :

## Template Information

Template Name : JHPMIX005  
 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	238.2 V	-	-	P
Equipment Current	0.0 A	-	-	P
Enclosure Leakage Current				P
Normal Condition	0.5 uA-OPI	100	-	P
Open Neutral	0.6 uA-OPI	500	-	P
Open Neutral- Reversed Mains	0.5 uA-OPI	500	-	P
Normal Condition- Reversed Mains	0.4 uA-OPI	100	-	P
Earth Leakage Current				P
Open Neutral	40.2 uA-OI	1000	-	P







Signature

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

