Form B03 **Scheduled Maintenance Work Order**



Quantum Medical Solutions sain bid transcending boundaries, transferning life

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

Work Order No.	PWO358981	Schedu	ile Month	March 2018						
Work Order Date	01/03/2018	Comple	eted Date	- 91 S SC						
Clinic Name	Klinik Pergigian Di Klinik Kesihatan Rei	Clinic C	ode	NSB234						
BE No.	NSB005902	Distict		REMBAU						
BE Category	Acrylic Curing Units, Dental	WO Ass	signed to	ISHA	•					
Ownership	Existing Equipment		Purchase	New						
BE Condition	✓ Active		BER Proposed							
Work Order Type	Preventive Maintenance (PM)	Third Party Calibration (TPC)								
Work Order Type	Routine Inspection (RI)	Statutory Certification (SC)								
Reschedule Date										
3E Third Party Calibration	/ Statutory Certification Details									
Company Name	NA	Cal / Ce	ert Date	NOP .						
Contact Number		Cai / Ce	ert Expiry Date							
			·							
Schedule Maintenance Ex	ecution Details			· · · · · · · · · · · · · · · · · · ·						
SI No	QMS Engineer / Technician Name		Date	Start Time	End Time					
	18HA.		23/3/18.	. 0930 (000						
· · · · · · · · · · · · · · · · · · ·										
Customer Remarks										
Engineer / Technician Signati Name 15 ft 79 Date 28 /8 /18 zu BION OUANTUMA	ALISHAAJ ZUBIR I	Customer Signature Name Designation Date Y/M Kinik Pergigian Seal 23 3 Regen Sembilan Darul Khusus								
For Internal Liea										

For Internal Use

First Verification

QMS Circle Incharge

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

23/3/18

Final Verification

QMS State Incharge

State Manager

Quantum Medical Solutions S/B (012-367 1277)

23/3/18



Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist Acrylic Curing Units, Dental BE CODE: 16-353

CHECKLIST NO: CL-001 Rev.000

		I					, C									
PART 1	ASSET DETAIL		<u> </u>	- 00								4.0	000			
WORK	ORDER NO ►	,		S8-98							ASSET NO ►	VV.)2s	OZ	
MANUF	ACTURER ►	Ka	vo D	ental	aw	184					MODEL ►	•	NA			
FREQUE	ENCY >	3 MONT	HLY ()	6 MON	NTHL'	Y ())	12 MONTHL	Y ()	PPM HOURS ▶	0	٠ ٢			
	SPECIAL PREC					-										
	s evidence of bod propriate Personr							ng ar	id decontaminat	tion before	e inspecting it.					
	propriate r ersoni ounded electrosta							npon	ents.							
Refer to	the safety proced	ure for addit	ional pre	ecautions	and guid	dance	as pei	mar	nufacturer guide	elines.						
	re the test equipm		e duly c	alibrated.												PER C
	TEST APPARA															
Tick ($$) where appropriate NO ASSET NO			DESCRIPTION							SERIAL NO	C	LIBRA	TION	DUE O		
			ELECTRICAL SAFETY ANALYZER							OLIVINE NO	"				_	
1			ELECT	RICAL SA	HEIY A	ANAL	YZEK						, 			
												1				
PART 4	QUALITATIVE	TASKS														
Tick (√)	where appropriate			PASS	FAIL		NA					PAS	ss i	FAIL	NΑ	
	ssis - verify physi inliness and condi			()) ()	7	Fittings/ Connectittings/connec		eck all	7) ()	-)
2 Mou	int/ Fasteners - ve grity	erifý physica	l	(/)	() ()	8	Indicators/ Dispand operation	plays - vei	rify proper illumination	/) ()	()
3 Cab	les - verify integri	ty		(/ /)	() ()	9	Bath - inspect	for corrosi	ion and pitting	/	.) ()	()
4 AC	Plug - verify integ	rity		(/)	() ()	10	Timer - verify	operation		/) ()	()
5 Pow	er Cord - verify pogrity	roper insulat	tion and	(/)	() ()	1 1	Label - verify p	hysical int	egrity	1) ()	()
	in Relief - verify p ends of line cord		grity at	()	() (/	12	Circuit Breaker external circuit external fuse		erify integrity of and/or rating of	/) ()	()
PART 5	PREVENTIVE V	AINTENAN	CE TAS	KS .												
Tick (√)	where appropriate															1215
				DONE	NOT DONI		NA									
1 Insp	oect , Clean Interio	or and Exter	ior	(/)	() (
2 Tubi	ing - Clean/R epla d	ce***		(% ()	•) (/)	Notes: * For all parts, NA is defined as NOT APPLICABLE ** If you have ticked 'NOT DONE', then justify in Part 8								

DATE:

Quantum Medical Solutions Sdn Bhd

BEMS Planned Preventive Maintenance Checklist

CHECKLIST NO : CL-001 REV.000

Quantum Medical Solutions odu blid responsibili isaniscie, maniscuing di Acrylic Curing Units, Dental BE CODE : 16-353 PUDO 358-981 PART 6 QUANTITATIVE TASKS Tick (√) where appropriate Units / UOM Set Values Measured Values Limit/Tolerance PASS FAIL NA² No Description PART 7 ELECTRICAL SAFETY TEST ELECTRICAL SAFETY TEST, (attach report) (In accordance to IEC 60601) PASS FAIL NA C N.A NOT FUNCTIONING FUNCTIONING CORRECTIVE MAINTENANCE REQUIRED NEXT PPM DATE - MAC (9 WORK ORDER NO ►. PPM has been performed in accordance to the checklist and the equipment is functioning to the intended purpose. COMPLETED BY: 15 HA-