

Form B04

# Scheduled Maintenance Notification Form



Quantum Medical Solutions  
transcending boundaries, transforming life

To:  
PKB/PPB:  
District: I kuching  
State: SARAWAK

From: Quantum Medical Solutions  
State: SARAWAK  
Zone:  
Format Ref.-QMS/TSD-004 Rev.00

## Schedule Maintenance

Dear Sir/ Madam,

Attached list of equipment scheduled for : PPM



Clinic Name: Klinik Kesihatan Ibu dan Anak Bau

Month: Nov-18

Clinic Code: SWK197

NO	BE Number	BE Category	Schedule Maintenance Type
1	SWPSPL394	Spirometers, Low	PPM
2	SWPTH095	Thermometers, Electronic, Infrared, Skin	PPM
3			PPM
4			PPM
5			PPM
6			PPM
7			PPM
8			PPM
9			PPM
10			PPM
11			PPM
12			PPM
13			PPM
14			PPM
15			PPM
16			PPM
17			PPM
18			PPM
19			PPM

Thank You,

<b>QMS State In-charge</b> <b>Signature:</b>  <b>Name:</b> QUINTUS NG STATE MANAGER Quantum Medical Solutions Sarawak <b>Date:</b>	<b>Acknowledged by - PKB/PPB</b> <b>Signature:</b>  <b>Name:</b> KDR HELEN AK KAREL KETUA JURURAWAT KESIHATAN UB2 (KUP) KKIA BAU <b>Date:</b> 9.11.2018
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### Legend

PM - Preventive Maintenance; RI - Routine Inspection; TPC - Third Party Calibration; SC - Statutory Certification; BE - Biomedical Equipment.

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9/11/80